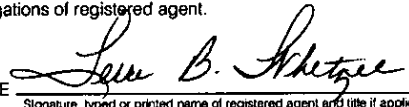
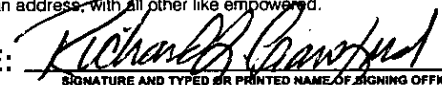


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 032 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44344			
1. Entity Name THE COURTYARDS II HOMEOWNERS ASSOCIATION, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3060 Alternate 19 North		3. Mailing Address 3060 Alternate 19 North	
Suite, Apt. #, etc. Suite B-15		Suite, Apt. #, etc. Suite B-15	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683-1929	Country USA	Zip 34683-1929	Country USA
4. FEI Number 59-3081250		Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Whetzel, Terri B., CMCA, AMS			
Street Address (P.O. Box Number is Not Acceptable) 2165 Trevor Road			
City Palm Harbor		FL	Zip Code 34683-1733
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Terri B. Whetzel, CMCA, AMS	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 02-03-03			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D - Crawford, Richard L. 4222 Chesterfield Circle Palm Harbor, FL 34683-1743	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D - Bello, Susan E. 4160 Chesterfield Circle Palm Harbor, FL 34683-1744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D - Suval, Irving 4232 Chesterfield Circle Palm Harbor, FL 34683-1743	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Richard L. Crawford, P/D	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/03/03	
		Daytime Phone # 727-942-9150	

CR2E037B (12/02)