

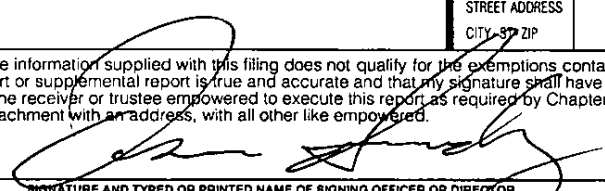


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000000608 1. Entity Name COURVOISIER COURTS CONDOMINIUM ASSOCIATION, INC.						FILED 06 SEP 29 AM 11:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 701 BRICKELL KEY DR. MIAMI, FL 33131				Mailing Address 701 BRICKELL KEY DR. MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 30-0314426				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD City FT. LAUDERDALE FL Zip Code 33312				Name BECKER & POLIAKOFF, P.A.			
				Street Address (P.O. Box Number is Not Acceptable)			
				3111 STIRLING ROAD			
				City FT. LAUDERDALE FL Zip Code 33312			
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 DONNA D. BERGER, ESQ.				DATE 9/27/06			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARABY, ELLIOTT 701 BRICKELL KEY DR. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID MARIANI 701 BRICKELL KEY BLVD MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GAMER, LORI 701 BRICKELL KEY DR. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GURDO CORNELIANO 701 BRICKELL KEY BLVD MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDI GAMER, ILYA 701 BRICKELL KEY DR. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDI GURDO CORNELIANO 701 BRICKELL KEY BLVD MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 9/25/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

2010/3