6900-6992 SW DAVIE, FL 333				
Current Mai	ling Address:			
P.O. BOX 12 FORT LAUD	2015 ERDALE, FL 33312 US			
FEI Number: 20-3231538			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	PROPERTY MANAGEMENT NIVERSITY DRIVE			
PLANTATION,	FL 33322 US			
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florid	a.
SIGNATURE: LESTER DUPUIS				02/23/2016
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
Officer/Dire		Title	D	Date
	ctor Detail :	Title Name	D SINGH, BALVENDRA	Date
Title	ctor Detail : PD		-	Date
Title Name Address	ctor Detail : PD ZAVERI, JITU MR.	Name	SINGH, BALVENDRA	Date
Title Name Address	ctor Detail : PD ZAVERI, JITU MR. P.O. BOX 122015	Name Address	SINGH, BALVENDRA P.O. BOX 122015	Date
Title Name Address City-State-Zip:	ctor Detail : PD ZAVERI, JITU MR. P.O. BOX 122015 FORT LAUDERDALE FL 33312	Name Address City-State-Zip:	SINGH, BALVENDRA P.O. BOX 122015 FORT LAUDERDALE FL 33312	Date
Title Name Address City-State-Zip: Title	ctor Detail : PD ZAVERI, JITU MR. P.O. BOX 122015 FORT LAUDERDALE FL 33312 TD	Name Address City-State-Zip: Title	SINGH, BALVENDRA P.O. BOX 122015 FORT LAUDERDALE FL 33312 VP, S, D	Date
Title Name Address City-State-Zip: Title Name	Ctor Detail : PD ZAVERI, JITU MR. P.O. BOX 122015 FORT LAUDERDALE FL 33312 TD DESROCHERS, YEZMIN MS. P.O. BOX 122015	Name Address City-State-Zip: Title Name	SINGH, BALVENDRA P.O. BOX 122015 FORT LAUDERDALE FL 33312 VP, S, D GANEDIWAL, SHRINIWAS MR. P.O. BOX 122015	Date
Title Name Address City-State-Zip: Title Name Address	Ctor Detail : PD ZAVERI, JITU MR. P.O. BOX 122015 FORT LAUDERDALE FL 33312 TD DESROCHERS, YEZMIN MS. P.O. BOX 122015	Name Address City-State-Zip: Title Name Address	SINGH, BALVENDRA P.O. BOX 122015 FORT LAUDERDALE FL 33312 VP, S, D GANEDIWAL, SHRINIWAS MR. P.O. BOX 122015	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JITU ZAVERI

P.O. BOX 122015 City-State-Zip: FORT LAUDERDALE FL 33312

Address

PRESIDENT

02/23/2016

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007781

Entity Name: COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FILED Feb 23, 2016 **Secretary of State** CC2519352476

Date