


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 043 ****61.25

DOCUMENT # 733005	
1. Entity Name THE COURTYARD, INC.	

Principal Place of Business 215 2ND STREET, SOUTH NAPLES, FL 34102 US	Mailing Address 215 2ND STREET, SOUTH NAPLES, FL 34102 US
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2. Principal Place of Business 225 and ST. S Suite, Apt. #, etc. Naples, FL City & State	3. Mailing Address 225 2nd ST S Suite, Apt. #, etc. Naples, FL City & State
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Zip 34102	Country USA	Zip 34102	Country USA
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8. Name and Address of Current Registered Agent DIBELER, VERNON H. 215 2ND STREET, SOUTH NAPLES, FL 34102 <i>H2'S gone</i>	
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7. Name and Address of New Registered Agent Name: Clement Deliso Street Address (P.O. Box Number is Not Acceptable): 225 2nd Street South City: Naples FL Zip Code: 34102	
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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.	
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SIGNATURE: <i>Clement Deliso President</i> 1/26/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)	
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Filing Fee is \$61.25 Due by May 1, 2006 <i>A</i>	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 <i>✓</i>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIBELER, VERNON H 215 SECOND ST SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD / PD DELISO, CLEMENT J SR 352 LONGHILL ST SPRINGFIELD, MA 01108 <input type="checkbox"/> Delete <i>225 and ST. S South.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIBELER, VIRGINIA 215 2ND ST S NAPLES, FL 34102 <input type="checkbox"/> Delete <i>NAPLES 34102</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: <i>Clement Deliso President</i> 1/26/05 239-263-2120 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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