

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90414 041 \*\*\*\*61.25

**DOCUMENT # 746331**  
 1. Entity Name  
**THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1840 S. W. 81ST AVENUE, NORTH LAUDERDALE FL 33068  
 Mailing Address: 1840 S. W. 81ST AVENUE, NORTH LAUDERDALE FL 33068

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: 59-1929308 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**JOTKOSKY, PHILIP**  
 1830 SW 81ST AVE.  
 NO. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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: DP NAME: JOTKOSKY, PHILIP STREET ADDRESS: 1830 S W 81ST AVE CITY-ST-ZIP: NORTH FT LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE: TD NAME: OCHENBLATT, GERALD STREET ADDRESS: 1800 S W 81ST AVE CITY-ST-ZIP: NORTH FT LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE: S NAME: TROMPETER, LEO STREET ADDRESS: 1800 S W 81ST AVE CITY-ST-ZIP: NORTH FT LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE: BT NAME: ALMEDA, ALPHONSO STREET ADDRESS: 1820 SW 81 AVE CITY-ST-ZIP: N LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: JANOSKO, ANTHONY STREET ADDRESS: 1820 S W 81ST AVE CITY-ST-ZIP: NO LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE: BT NAME: GIAMBZONE, JACK STREET ADDRESS: 1820 SW 81 AVE CITY-ST-ZIP: N LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: BT NAME: OWEN GELTZER STREET ADDRESS: 1820 SW 81 AVE CITY-ST-ZIP: N. LAUDERDALE FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: BT NAME: GERALDINE FOX STREET ADDRESS: 1820 SW 81 AVE CITY-ST-ZIP: N. LAUDERDALE FL 33068	<input type="checkbox"/> Change <input checked="" 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Jotkosky Date: 3/18/04 Daytime Phone #: 954 722-7808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR