

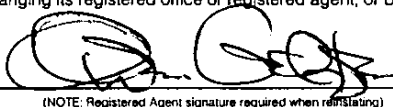
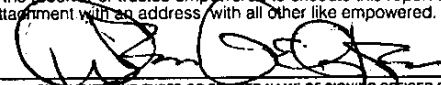


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 044 ****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		50010731	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1929308	
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		
JOTKOSKY, PHIL 1830 SW 81ST AVE. NO. LAUDERDALE, FL 33068			Name OWEN GELTZER Street Address (P.O. Box Number is Not Acceptable) 1820 S.W. 81ST AVE - #3416 City N. LAUDERDALE, FL FL Zip Code 33068		
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		OWEN GELTZER - V. PRES 		7 APRIL 2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	T	<input type="checkbox"/> Delete	TITLE	GERALDINE FOX BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARPO, SIDNEY		NAME	1820 S.W. 81ST AVE # 3114	
STREET ADDRESS	1820 SW 81 AVE		STREET ADDRESS	N. LAUDERDALE, FL	
CITY - ST - ZIP	N. LAUDERDALE, FL 33068		CITY - ST - ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	IRVING WEISSMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHER, CAROL		NAME	1810 S.W. 81ST AVE # 2109	
STREET ADDRESS	1820 SW 81 AVE		STREET ADDRESS	N. LAUDERDALE, FL 33068	
CITY - ST - ZIP	N. LAUDERDALE, FL 33068		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JACK		NAME		
STREET ADDRESS	1810 SW 81 AVE		STREET ADDRESS		
CITY - ST - ZIP	N. LAUDERDALE, FL 33068		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, GELTZER		NAME		
STREET ADDRESS	1820 SW 81 AVE		STREET ADDRESS		
CITY - ST - ZIP	N LAUDERDALE, FL 33068		CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOSKO, ANTHONY		NAME		
STREET ADDRESS	1820 S W 81ST AVE		STREET ADDRESS		
CITY - ST - ZIP	NO LAUDERDALE, FL 33068		CITY - ST - ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, OLGA		NAME		
STREET ADDRESS	1830 SW 81 AVE		STREET ADDRESS		
CITY - ST - ZIP	N. LAUDERDALE, FL 33068		CITY - ST - ZIP		
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: 		7 APRIL 2006		954.724.5567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	