

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


**FILED**

06 OCT 17 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10022006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1929308**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GELTZER, OWEN  
1820 SW 81ST AVE, # 3416  
N. 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)

**Amended AR is \$61.25**

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	T	<input type="checkbox"/> Delete
NAME	KARPO, SIDNEY	
STREET ADDRESS	1820 SW 81 AVE	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SHER, CAROL	
STREET ADDRESS	1820 SW 81 AVE	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JACK	
STREET ADDRESS	1810 SW 81 AVE	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OWEN, GELTZER	
STREET ADDRESS	1820 SW 81 AVE	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	BM	<input type="checkbox"/> Delete
NAME	FOX, GERALDINE	
STREET ADDRESS	1820 SW 81ST AVE, # 3114	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WEISSMAN, IRVING	
STREET ADDRESS	1810 SW 81ST AVE, # 2109	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100080889071	
CITY-ST-ZIP	10/17/06--01010--010 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Owen Geltzer - OWEN GELTZER, V. PRES 50 Oct 06 954.72 7808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #