FILED Apr 09, 2007 8:00 am Secretary of State

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DOCUMENT # 746331 1. Entity Name THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.						04-09-2	007 90063 016		51.25	
1840 S. W. 8	ce of Business B1ST AVENUE DERDALE, FL 33068	Mailing Address 1840 S. W. 81ST AVENUE NORTH LAUDERDALE, FL 33068				4000				
2. Principal P	Place of Business - No P.O. Box #									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04052007	Chg-NP	CR2E037 (1	12/06)		
City & Stat	e	City & State		•=•	4. FEI Number 59-1929308				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired [\$9.75 Additional		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered Ager	nt		
GELTZER, OWEN 1820 SW 81ST AVE, # 3416				Name Street Address (P.O. Box Number is Not Acceptable)						
	RDALE, FL 33068					er is two Accept		 -		
				ty FL Zip Code						
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered offi	ice or register	ed agent, or bo	th, in the State o	f Florida. I am famil		and accept	
SIGNATURE	Signature, typed or printed name of registered against	and title if applicable. (NO)	E Registered Agent	signature required	when reinstating)	57	APRIL 20	67		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	TE Registered Agent mpaign Financi Contribution.		when reinstating) \$5.00 May 8 Added to Fees	5 7 le		yable to		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DE	9. Election Ca Trust Fund	mpaign Financi	ing	\$5.00 May B Added to Fees	F	DATE Make check pay	yable to	ate	
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10. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DE D KARPO, SIDNEY 1820 SW 81 AVENUE N. LAUDERDALE, FL 33068	9. Election Ca Trust Fund RECTORS	mpaign Financi Contribution. 11. TITLE NAME STREET ADDR	ing	\$5.00 May B Added to Fees	F	DATE Make check pay Florida Department ICERS AND DIRECT	yable to nt of St FORS IN Change	10 Addition	
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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 atlachment with an address, with all other like empowered.

GNATURE:

SAR 2007 954-122-7808

SIGNATURE AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

5APR 2007