


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 008 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1929308				Applied For Not Applicable	
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		
GELTZER, OWEN 1820 SW 81ST AVE, #3416 N. LAUDERDALE, FL 33068			Name: FOX, GERALDINE Street Address (P.O. Box Number is Not Acceptable): 1820 S.W. 81st AVE. # 3114 NORTH LAUDERDALE City: 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: <i>Geraldine Fox</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 1-28-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	CAROL SHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARPO, SIDNEY		NAME	1820 SW 81 AVE	
STREET ADDRESS	1820 SW 81 AVENUE		STREET ADDRESS	NO. LAUD. FL 33068	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DAVID ZIMMERMANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, SANDY		NAME	1830 SW 81 AVE	
STREET ADDRESS	1800 SW 81 AVE #1408		STREET ADDRESS	NO. LAUD. 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	SCHEER, JOCELYN		NAME		
STREET ADDRESS	1820 SW 81 AVE. #3101		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE		<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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, GERALDINE		NAME		
STREET ADDRESS	1820 SW 81 AVE #3114		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, RICHARD		NAME		
STREET ADDRESS	1830 SW 81 AVE #4103		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: <i>Jocelyn Scheer</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/28/08 Daytime Phone #: 954-722-7808	
<i>Secretary</i>					