## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#746640** 

FILED Feb 10, 2009 Secretary of State

Entity Name: COURT YARDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	DIXIE HWY. FL 34996					
Current Mailing Address:			New Maili	New Mailing Address:		
	DIXIE HWY. FL 34996					
El Number	r: 59-1961019	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
59 SOUT SUITE 21: STUART,	FL 34994 US		urness of changing i	its registered office or registered agent, or both		
	e of Florida.	ubrills this statement for the p	urpose or changing i	its registered office or registered agent, or both,		
SIGNATU						
	Electron	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR		
itle: lame: ddress: ity-St-Zip:	TD () MARTIN, MIGNO 3860 SE JEFFE STUART, FL 34	RSON ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle: ame: ddress:	VP () MORGAN, CARG 3818 SE JEFFE STUART, FL 34	RSON STREET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MORGAN, CAROL 3818 SE JEFFERSON STREET STUART, FL 34997		
ity-St-Zip:						
ity-St-Zip: itle: ame: ddress:	PD () MOYSE, DEBOI 3822 SE JEFFE STUART, FL 34	RSON ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
	MOYSE, DEBOI 3822 SE JEFFE STUART, FL 34	RAH RSON ST. 997 Delete RD RSON STREET	Name: Address:	()Change()Addition ()Change()Addition		
ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	MOYSE, DEBÓI 3822 SE JEFFE STUART, FL 34 D ( ) NOLAN, RICHAF 3854 SE JEFFE STUART, FL 34	RAH PRISON ST. P997  Delete PRISON STREET P997  Delete PY PRISON STREET	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH MOYSE PD 02/10/2009