2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # 747155 OURT HOMEOWNERS AS	SOCIATION, INC					06 90025 04		01.23
Principal Place of Business Mailing Address 8600 SW 113 PLACE 8600 SW 11 MIAMI, FL 33173 MIAMI, FL 3			/ 113 PLACE		1184111 (834) 818				11 84 40 188 1
Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006	Chg-NP	CR2E037 (11/05)		
City & State		City & State			4. FEI Number 59-19743	380			plied For t Applicable
Zip	Country	ountry Zip Co		untry		5. Certificate of Status Desired See Required			itional
	6. Name and Address of Current	Registered Agent		T	7. Name and A	dress of New	Registered Age	nt	
				Name					
KUPERMAN, MARC A 7695 SW 104 STREET #210			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33156								
				City	FL Zip Code				
	e named entity submits this statement fo	r the purpose of changir	ng its register	red office or regi	istered agent, or both,	in the State of F	Florida. I am fam	iliar with,	and accept
SIGNATURE									·
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature req	aured when reinstating)		DATE		
<u></u>	35%								
	Filing Fee is \$61.25 Due by May 1, 2006		n Campaign I und Contribu		\$5.00 May Be Added to Fees		Make check partme		
10.	Filing Fee is \$61.25	Trust Fu		ition.	\$5.00 May Be	. Fk	Make check pa orida Departme	ent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2006	Trust Fu	and Contribu	ition.	\$5.00 May Be Added to Fees	. Fk	Make check provide Departme	ent of St	ate
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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 eath; 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