

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747699

FILED
Feb 20, 2009
Secretary of State

Entity Name: THE COURTYARDS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1215 SE 8TH ST
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1215 SE 8TH ST
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 59-2068345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAFALDA, SIGNORE
1219 SE 8TH ST
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

BARBARA, LANDY
623 SE 12TH AVE
122
CAPE CORAL, FL 33990 US

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.

SIGNATURE: BARBARA LANDY

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONLEY, RONALD
Address: 6213 E 12TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: TS () Delete
Name: DEUTCH, FERN
Address: 1220 SE 6TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: P3 () Delete
Name: MAFALDA, SIGNORE
Address: 1219 SE 8TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: GARWIG, BJORG
Address: 1227 SE 8TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Delete
Name: CATALANO, RAYMOND
Address: 723 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: DOWD, LYNDIA
Address: 623 SE 12TH CT
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLIE, COPPOLO
Address: 625 SE 12TH AVE #94
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BARBARA, LANDY
Address: 623 SE 12TH AVE #122
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FERN DEUTCH

TS

02/20/2009

Electronic Signature of Signing Officer or Director

Date