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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748578 (2)

1. Corporation Name
THE COURTYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
111 LAKE AVENUE. #6 LAKE WORTH FL 33460	6801 LAKE WORTH RD STE 124 LAKE WORTH FL 33467-2965 US

3. Date Incorporated or Qualified: 08/20/1979
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business	2a. Mailing Address
21	26 2994 Jog Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 B
City & State 23	City & State 28 Greenacres, Florida
Zip 24 / Country 25	Zip 29 33467 / Country 30 U.S.A.

4. FEI Number: 59-1935780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STANISZEWSKI, ELEANOR
111 LAKE AVENUE, UNIT #6
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Maynard,Victoria
82 Street Address (P.O. Box Number is Not Acceptable): 111 Lake Avenue
83: Unit # 1
84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Victoria E. Maynard President 3-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STANISZEWSKI, ELEANOR		1.2 NAME	Maynard,Victoria	
STREET ADDRESS	111 LAKE AVE, UNIT 6		1.3 STREET ADDRESS	111 Lake Avenue., Unit #1	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	Lake Worth , FL. 33460	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HODOVAN, STEPHANIE		2.2 NAME	Staniszewski,Eleanor	
STREET ADDRESS	111 LAKE AVENUE, UNIT 8		2.3 STREET ADDRESS	111 Lake Avenue., Unit #6	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
TITLE	TSD	☐ DELETE	3.1 TITLE	TSD	☒ Change ☐ Addition
NAME	LESHO, ANNE		3.2 NAME	Hodovan,Stephanie	
STREET ADDRESS	7349 PINE FOREST CIRCLE		3.3 STREET ADDRESS	111 Lake Avenue., Unit #8	
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria E. Maynard (Victoria E. Maynard) 3/12/97