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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748578**

1. Corporation Name

THE COURTYARD CONDOMINIUM ASSOCIATION, INC.

93775 - 90046 - 33

Principal Place of Business	Mailing Address
111 LAKE AVENUE. #9 LAKE WORTH FL 33460	111 LAKE AVENUE. #9 LAKE WORTH FL 33460

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/20/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1935780 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HEANEY, DENNIS
111 LAKE AVE
UNIT #3
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: STEPHANIE TRUDEAU
82 Street Address (P.O. Box Number is Not Acceptable): 111 LAKE AVE
83: UNIT # 8
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: Stephanie Trudeau STEPHANIE TRUDEAU RS/T/D 1/11/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAYNARD, VICTORIA 111 LAKE AVE, UNIT #1 LAKE WORTH FL 33460	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STANIS, ELENAOR 111 LAKE AVE, UNIT #6 LAKE WORTH FL 33460	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ELEANOR STANISZEWSKI	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD HODOVAN, STEPHANIE 111 LAKE AVE, UNIT #8 LAKE WORTH FL 33460	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	RS/T/D STEPHANIE TRUDEAU 111 LAKE AVE., UNIT # 8 LAKE WORTH, FL 33460	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEANEY, DENNIS 111 LAKE AVENUE, #3 LAKE WORTH FL 33460	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Stephanie Trudeau REQUESTED STEPHANIE TRUDEAU 1/11/99 (561) 533-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #