## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # 1

THE COURTYARD CONDO ASSOC, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zio

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

III LAKE AVE , # 9 LAKE WORTH, FL

33460-6904

Country

30

**FILED** Jun 24 1999 8:00 am Secretary of State

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

59 - 1935780

STEPHANIE E TRU DEAU				Name						
III LAKE AVE., # 8				82 Street Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH, FL 33460-6964				_[_		<u> </u>				
٤.	THE WORTH I C 33100 VI	<b>~</b> ,	8	3						
			8	4	City		85 2	Zip Cod	de	
						F <u>L</u>	11	•		
<ol> <li>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.</li> </ol>										
SIGNATURE (Stephane & Mudeau STEPHAINIE E TRUDEAU 6/21/99										
Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Ag						equired when reinstating)				
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE 9	PRESIDENT	DELETE	1.1 TITLE		J	المراجعة المعارضين ويعين ويعين ويعين الم	Char	-	Addition	
NAME	VICTORIA MAYNARD		1.2 NAME			400002924				
STREET ADDRESS	III LAKE AVENUE # 1		1.3 STREET		DDRESS	-07/06 <u>/</u> 99- <u>-</u> 0				
CITY-ST-ZIP	LAKE WORTH, FL 33460		1.4 CITY-\$1		ZIP	*****B1.25	***	**5]	L <u>.25</u>	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE				☐ Char	nge	Addition	
NAME	ELEANOR STANISZEWSKI		2.2 NAME		ļ				J	
STREET ADDRESS	40730 GZND AVENUE		2.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	PAW PAW, MI 49078		2.4 CITY-S		ZIP					
YMLE	TREASURER	DELETE	3.1 TITLE				Char	nge	Addition	
NAME	DENNIS HEANEY		3.2 NAME		ļ					
STREET ADDRESS	III LAKE AVENUE # 3		33 STREE		DORESS					
_CITY+ST-ZIP	LAKE WORTH, FL 33460		3.4. CITY-ST-ZIP		ziP [				[	
TITLE	SECRETARY	☐ DELETE	4.1 TITLE			т/6	Char	nge	Addition	
NAME	STEPHANIE TRUDEAU		4. 2 NAME		}	STEPHANIE TRUDEAU			ļ	
STREET ADDRESS	III LAKE AVENUE *8		4.3 STREET		DORESS	III LAKE AVENUE #B	.1		ļ	
CITY-ST-ZIP	LAKE WORTH, FL 33460		4.4 CITY-ST-		ZIP	LAKE WORTH, FL 33460-690	4		ļ	
TITLE		DELETE	5.1 TITLE				Chan	nge	☐ Addition	
NAME			5.2 NAME						ł	
STREET ADDRESS			5.3 STREE	ETAI	DORESS				- 1	
CITY-ST-ZIP			5.4 CITY- 9		21P					
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ige	Addition	
NAME			6.2 NAME		ĺ				1	
STREET ADDRESS			6.3 STREE		DORESS				. 1	
CITY-ST-ZNP			6.4 CITY-S		9P			4.	[20]	
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 here 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.										

me Indian

STEPHANIE TRUDEAU

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable