2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# 748578

Entity Name: THE COURTYARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

111 LAKE AVENUE, #9
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

111 LAKE AVENUE, #9
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1935780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, VICTORIA
111 LAKE AVE W 1
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

ROSSETTO, DOLORES
111 LAKE AVENUE, #7
LAKE WORTH, FL 33460 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: DOLORES ROSSETTO 03/03/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BEKKALA, PETER
Address: 111 LAKE AVENUE #2
City-St-Zip: LAKE WORTH, FL 33460

Title: DVP ( ) Delete
Name: TRUDEAU, DENNIS
Address: 111 LAKE AVENUE #8
City-St-Zip: LAKE WORTH, FL 33460

Title: DT ( ) Delete
Name: MAYNARD, VICTORIA
Address: 111 LAKE AVENUE #1
City-St-Zip: LAKE WORTH, FL 33460

Title: DS (X) Delete
Name: TRUDEAU, STEPHANIE
Address: 111 LAKE AVENUE #8
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: ROSSETTO, DOLORES
Address: 111 LAKE AVENUE #7
City-St-Zip: LAKE WORTH, FL 33460

Title: DS (X) Change ( ) Addition
Name: TRUDEAU, STEPHANIE
Address: 111 LAKE AVENUE #8
City-St-Zip: LAKE WORTH, FL 33460

Title: DVP (X) Change ( ) Addition
Name: JASMIN, DAVID
Address: 151 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOLORES ROSSETTO DPT 03/03/2005
Electronic Signature of Signing Officer or Director Date