2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003
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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: DT ( ) Delete
Name: MORMELO, JOAN
Address: 111 LAKE AVE #7
City-St-Zip: LAKE WORTH, FL 33460

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

Title: DVP ( ) Delete
Name: JASMIN, DAVID
Address: 1706 KATHERINE ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SAMARA, BASSAM
Address: 111 LAKE AVE #4
City-St-Zip: LAKE WORTH, FL 33460

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 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: JOAN MORMELO DT 07/28/2003

Electronic Signature of Signing Officer or Director — Date