


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 751447		
1. Entity Name COURTWOOD, INC.		
Principal Place of Business 1000 PALM VIEW DR NAPLES, FL 34110 US		Mailing Address 1000 PALM VIEW DR NAPLES, FL 34110 US
DO NOT WRITE IN THIS SPACE		
		01102006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2168598		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCGRATH, WILLIAM S. 7794 EMERALD CIRCLE A 104 NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PANICO, JOSEPH 980 PALM VIEW DRIVE NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BABB, CONRAD J. 980 PALM VIEW DR. NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERREAULT, JAMES 940 PALM VIEW DR NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSWALD, MARY 1000 PALM VIEW DR. #203 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IACONA, EUGENE 980 PALM VIEW DR. #207 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Joseph A. Panico</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-19-06 239-591-480 <small>Date Daytime Phone #</small>