

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90047 007 \*\*\*\*61.25

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02182007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 751447</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent	
MCGRATH, WILLIAM S. 7794 EMERALD CIRCLE A 104 NAPLES, FL 34109				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANICO, JOSEPH		NAME	PALMA, Phil	
STREET ADDRESS	980 PALM VIEW DRIVE		STREET ADDRESS	980 PALM VIEW DR # 211	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABB, CONRAD J.		NAME	DEFRANCESCO, RAYMOND	
STREET ADDRESS	980 PALM VIEW DR.		STREET ADDRESS	980 PALM VIEW DR # 209	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERREAULT, JAMES		NAME		
STREET ADDRESS	940 PALM VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, MARY		NAME		
STREET ADDRESS	1000 PALM VIEW DR. #203		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IACONA, EUGENE		NAME	FREDRICKS, KENNETH	
STREET ADDRESS	980 PALM VIEW DR. #207		STREET ADDRESS	1000 PALM VIEW DR # 100	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <i>Phil Palma</i>			2-72-07 239-596-2181		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		