2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# 751447

Entity Name: COURTWOOD, INC.

Current Principal Place of Business:

1000 PALM VIEW DR
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1000 PALM VIEW DR
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2168598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGRATH, WILLIAM S.
7794 EMERALD CIRCLE A 104
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MCGRATH, WILLIAM S MR.
7794 EMERALD CIRCLE A 104
NAPLES, FL 34109 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: WILLLIAM S. MCGRATH 04/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PALMA, PHIL
Address: 980 PALM VIEW DR #211
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: DEFRANCESCO, RAYMOND
Address: 980 PALM VIEW DR #209
City-St-Zip: NAPLES, FL 34110

Title: VDT ( ) Delete
Name: PERREAULT, JAMES
Address: 940 PALM VIEW DR
City-St-Zip: NAPLES, FL

Title: VSD ( ) Delete
Name: OSWALD, MARY
Address: 1000 PALM VIEW DR. #203
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: FREDRICKS, KENNETH
Address: 1000 PALM VIEW DR #100
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: VERDINI, ANGELO
Address: 1000 PALM VIEW DR #202
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILIP PALMA P 04/04/2009
Electronic Signature of Signing Officer or Director Date