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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757597** **(0)**

1. Corporation Name

THE COURTYARDS OF CAPE CORAL SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7181 COLLEGE PARKWAY SUITE 42 FORT MYERS FL 33907 US	7181 COLLEGE PARKWAY 42 FT. MYERS FL 33907-5641 US

3. Date Incorporated or Qualified: 04/16/1981
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21 1500 SW Courtyards Ter
22 Suite, Apt. #, etc.
23 City & State: Cape Coral FL
24 Zip: 33914 25 Country: U.S.A

2a. Mailing Address
26 1500 SW Courtyards Ter
27 Suite, Apt. #, etc.
28 City & State: Cape Coral FL
29 Zip: 33914 30 Country: USA

4. FEI Number: 59-2227631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLDIRON NANCY
7181 COLLEGE PKWY, SUITE 42
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Oscar Wolff
82 Street Address (P.O. Box Number Is Not Acceptable): 1523 SW 51st Lane #206
83
84 City: Cape Coral FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Oscar Wolff 4-4-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAVIS, RONALD L. 3040 DEL PRADO BLVD CAPE CORAL FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WOLFF, OSCAR 1523 SW 51ST LANE, SUITE 206 CAPE CORAL FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D WOLFF, OSCAR 1523 SW. 51st Lane #206 Cape Coral, FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, GIDGET 1420 SW. COURTYARD CT. #56 CAPE CORAL FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	VP/D Fournier, Tim 5719 S.W. Courtyard Ln #39 Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARSE, ELIZABETH PO BOX 6841 FT MYERS FL N/A	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/D Lander, Bonnie P.O. Box 150935 Ft. Myers, FL 33915 N/A	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLAFORD, EMORY 1431 SW COURTYARDS TERRACE, SUITE 115 CAPE CORAL FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T/D Cruz, Petra P.O. Box 151607 Cape Coral, FL 33915 N/A	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Peters, Steve 1431 SW. Courtyards Terr. #113 Cape Coral, FL 33914	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Oscar Wolff SIGNATURE REQUIRED OSCAR WOLFF 4-4-97 (941) 277-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #