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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757597**

1. Corporation Name
THE COURTYARDS OF CAPE CORAL SOUTH CONDOMINIUM A SSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 S.W. COUNTYARDS TERR CAPE CORAL FL 33914 US	1500 S.W. COUNTYARDS TERR CAPE CORAL FL 33914 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/16/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2227631 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRUZ, PETRA
1523 SW 51ST LANE
#207
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name: BONNIE LANDER
82 Street Address (P.O. Box Number is Not Acceptable): 1523 SW 51 LANE #205
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: Bonnie Lander Sec-TREAS. BONNIE LANDER 4-26-99
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	VP	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BETZ, JEFFERY		1.2 NAME	WOLFF, OSCAR	
STREET ADDRESS	1509 SW 51ST LANE #148		1.3 STREET ADDRESS	1523 SW 51 LANE #206	
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CSERNOTTA, VIC		2.2 NAME	CSERNOTTA, VIC	
STREET ADDRESS	1410 SW 50TH ST #4A		2.3 STREET ADDRESS	1410 SW 50TH ST #4A	
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MULLEDY, PAULINE		3.2 NAME		
STREET ADDRESS	5120 SW COURTYARD'S LANE #89		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDER, BONNIE		4. 2 NAME		
STREET ADDRESS	1523 SW 51ST LANE #205		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CRUZ, PETRA		5.2 NAME	NICHOLS, VICTORIA	
STREET ADDRESS	1523 SW 51ST LANE #207		5.3 STREET ADDRESS	1503 SW 51 LANE #142	
CITY-ST-ZIP	CAPE CORAL FL 33914		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Bonnie Lander Sec-TREAS. BONNIE LANDER 4-20-99 941-945-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)