2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757597

1. Entity Name

COURTYARDS OF CAPE CORAL SOUTH CONDOMINIUM ASSOCIATION

FILED
Jul 14, 2000 8:00 am
Secretary of State
07-14-2000 90018 048 ****61.25

Principal Place of Business	Mailing Address
1500 SW COURTYARDS TERR CAPE CORAL, FL 33914	C/O PROFESSIONALLY YOURS PO BOX 100831 CAPE CORAL, FL 33910

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: OLSON, BARBARA Street Address (P.O. Box Number is Not Acceptable): PROFESSIONALLY YOURS, INC 1342 SE 46TH LANE, #3 City: CAPE CORAL FL Zip Code: 33904

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.

SIGNATURE: Barbara Olson 6/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: [illegible] IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFDF, OSCAR	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABBOTT, LARRY 5119 SW COURTYARDS CT #39 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CSERNOTTA, VIC	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPARROW, MARK 5102 SW COURTYARDS WAY #19 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLEDY, PAULINE	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RACKLEY, NANCY 1504 SW COURTYARDS LANE #139 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LANDER, BONNIE	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUZZELLI, BARBARA 5026 SW COURTYARDS WAY #16 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLOS, VICTORIA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROHRBACKER, ROBERT 1410 SW 50TH ST #2 CAPE CORAL, FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Mark D Sparrow 6/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #