

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 757597**

1. Entity Name

THE COURTYARDS OF CAPE CORAL SOUTH CONDOMINIUM A**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90033 029 ****61.25

Principal Place of Business

**1500 S.W. COUNTYARDS TERR
CAPE CORAL FL 33914
US**

Mailing Address

**1500 S.W. COUNTYARDS TERR
CAPE CORAL FL 33914
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Professionally Yours

Suite, Apt. #, etc.

PO BOX 100831

City & State

CAPE CORAL, FL

Zip

33910-0831

Country

US

4. FEI Number

59-2227631

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****OLSON, BARBARA
1342 SE 46TH LN. #3
CAPE CORAL FL 33904****7. Name and Address of New Registered Agent**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFDF, OSCAR 1523 SW 51 LANG #206 CAPE CORAL FL 33914	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CSERNOTTA, VIC 1410 SW 50TH ST #4A CAPE CORAL FL 33914	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEDY, PAULINE 5120 SW COURTYARD'S LANE #89 CAPE CORAL FL 33914	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDER, BONNIE 1523 SW 51ST LANE #205 CAPE CORAL FL 33914	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLOS, VICTORIA 1503 SW LANE #142 CAPE CORAL FL 33914	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, JUNE 1423 SW COURTYARDS TERR #71 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROHRBACHER, ROBERT 1410 SW 50TH STREET #2 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KREITZMAN, ROSEMARIE 1420 SW COURTYARDS TERR #56 CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAIN, STEVE 13410 BRANDY OAKS DRIVE CHESTERFIELD, VA 23832	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)