

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 046 ****61.25

DOCUMENT # 757597

1. Entity Name
**THE COURTYARDS OF CAPE CORAL SOUTH
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**1500 S.W. COURTYARDS TERR
CAPE CORAL, FL 33914 US**

Mailing Address
**PO BOX 100831
C/O PROFESSIONALLY YOURS
CAPE CORAL, FL 33910-0831 US**

54022705



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2227631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAMPBELL, PHILIP
PROFESSIONALLY YOURS INC
1342 SE 46TH LANE
CAPE CORAL, FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SAILEY, JUNE ☐ Delete
STREET ADDRESS 1423 SW COURTYARDS TERR #71
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MULLEDY, PAULINE ☐ Delete
STREET ADDRESS 5120 SW COURTYARD'S COURT #89
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME KREITZMAN, ROSEMARIE ☒ Delete
STREET ADDRESS 1420 SW COURTYARDS TERR #56
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE STD
NAME MASER, HARRIET ☐ Change ☒ Addition
STREET ADDRESS 5118 SW COURTYARDS WAY #28
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VD
NAME ROHRBACHER, ROBERT ☒ Delete
STREET ADDRESS 1410 SW 50TH STREET #2
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CRUZ, PETRA ☐ Delete
STREET ADDRESS 1523 SW 51ST LANE #207
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LANBER, BONNIE ☐ Change ☒ Addition
STREET ADDRESS 1523 SW 51ST LANE #205
CITY-ST-ZIP CAPE CORAL, FL 33914

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: June E. Bailey June E. Bailey 3/23/04 549-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #