

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 012 ****61.25

DOCUMENT # 757597 1. Entity Name THE COURTYARDS OF CAPE CORAL SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919 US				Mailing Address 9411 CYPRESS LAKE DR STE 2 2525 PARKWAY STREET FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2227631	
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	
CRUZ, BRYAN C/O SCHOO MGMT INC 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919				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, 2007		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUILLERY, ROBERT		NAME		
STREET ADDRESS	5324 SW 11TH PL		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SKIDELSKY, SHELLY		NAME		
STREET ADDRESS	2225 SE 28TH TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SKIDELSKY, SHELLY		NAME	D'Albonese, Annamarie	
STREET ADDRESS	2225 SE 28TH TERR		STREET ADDRESS	1510 Courtyards Way #5	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	AGUERA, OLGA		NAME		
STREET ADDRESS	1509 SW 51ST LN		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HYLER, RICARDA		NAME		
STREET ADDRESS	5119 SW COURTYARDS CRT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert Guillery</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Robert Guillery			4/30/07 (239) 481-4700		
Date			Daytime Phone #		