



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90138 043 \*\*\*\*61.25

<b>DOCUMENT # 757597</b>					
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		 01302008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2227631	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CRUZ-BRYAN C/O SCHOO MGMT INC 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919				7. Name and Address of New Registered Agent	
				Name <u>Patricia Schoo</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>C/O Schoo Management</u>	
				<u>9411-2 Cypress Lake Dr #2</u> City <u>Fort Myers</u> FL Zip Code <u>33919</u>	
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 <u>Patricia Schoo CAM</u>				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBONESE, ANNAMARIE		NAME	Debbie Smith	
STREET ADDRESS	1510 COURTYARDS WAY #5		STREET ADDRESS	5105 SW Courtyard Ct #47	
CITY-ST-ZIP	CAPE CORAL, FL 33974		CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYLER, RICARDA		NAME		
STREET ADDRESS	5119 SW COURTYARDS CRT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <u>Ricarda Hyler</u> RICARDA HYLER		Date <u>04/02/08</u>		Daytime Phone # <u>239/481-4700</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					