

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# 757597

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

Current Principal Place of Business:

9411 CYPRESS LAKE DR STE 2
FORT MYERS, FL 33919 US

New Principal Place of Business:

New Mailing Address:

9411 CYPRESS LAKE DR STE 2
FORT MYERS, FL 33919 US

Current Mailing Address:

9411 CYPRESS LAKE DR STE 2
2525 PARKWAY STREET
FORT MYERS, FL 33919 US

FEI Number: 59-2227631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOO, PATRICIA
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUILLERY, ROBERT
Address: 5324 SW 11TH PL
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP () Delete
Name: SKIDELSKY, SHELLY
Address: 2225 SE 28TH TERR
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: AGUERA, OLGA
Address: 1509 SW 51ST LN
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ST () Delete
Name: HYLER, RICARDA
Address: 5119 SW COURTYARDS CRT
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SMITH, DEBBIE
Address: 5105 SW COURTYARD CT 47
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HYLER, RICARDA
Address: 5119 SW COURTYARDS CRT
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D (X) Change () Addition
Name: MASER, HARRIET
Address: 5118 COURTYARD WAY #28
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change () Addition
Name: LOCK, JUDITH
Address: 5119 COURTYARD COURT #137
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCHOO

Electronic Signature of Signing Officer or Director

CAM

04/02/2009

Date