2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757597

FILED Apr 29, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1500 S.W. COUNTYARDS TERR CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** PO BOX 100831 C/O PROFESSIONALLY YOURS CAPE CORAL, FL 339100831 US FEI Number: 59-2227631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLSON, BARBARA CAMPBELL, PHILIP 1342 SÉ 46TH LN. #3 PROFESSIONALLY YOURS INC CAPE CORAL, FL 33904 US 1342 SE 46TH LANE CAPE CORAL, FL 33904 US 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: PHILIP CAMPBELL 04/29/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAILEY, JUNE Name: Name: 1423 SW COURTYARDS TERR #71 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: Title: () Delete () Change () Addition MULLEDY, PAULINE Name: Name: Address: 5120 SW COURTYARD'S COURT #89 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: STD () Delete Title: () Change () Addition KREITZMAN, ROSEMARIE Name: Name: 1420 SW COURTYARDS TERR #56 Address: Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: ROHRBACHER, ROBERT Name: Address: 1410 SW 50TH STREET #2 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SPAIN, STEVE CRUZ, PETRA Name: Name: 13410 BANDY OAKS DRIVE 1523 SW 51ST LANE #207 Address: Address: City-St-Zip: CHESTERFIELD, VA 23832 US City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUNE BAILEY PD 04/29/2003