


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757728** (1)

1. Corporation Name

**THE COURTYARD CONDOMINIUM ASSOCIATION, INC. OF R  
MIERA BEACH**



Principal Place of Business <b>1100 SURF RD SINGER ISLAND FL 33404</b>	Mailing Address <b>1100 SURF RD SINGER ISLAND FL 33404-3854</b>
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3. Date Incorporated or Qualified <b>04/24/1981</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business <b>21 1100 Surf Rd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1100 Surf Rd</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2380893</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	<b>27 #105</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23 Singer Island, FL</b> City & State	<b>28 Singer Island</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24 33404</b> Zip Country <b>25 USA</b>	<b>29 FL 33404</b> Zip Country <b>30 USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NO NEW RIGISTIND  
BOARD OF DIRECTOR IS MANAGING  
901 NORTHPOINT PKWY 102  
WEST PALM BEACH FL 33407**

<b>81 Name</b> <b>John McDade</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1100 Surf Rd. Apt #105</b>
<b>83</b>
<b>84 City</b> <b>Singer Island</b>
<b>85 Zip Code</b> <b>FL 33404</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FEDERICO, ELAINE</b>		1.2 NAME <b>John McDade</b>	
STREET ADDRESS <b>1100 SURF RD 205</b>		1.3 STREET ADDRESS <b>1100 Surf Rd #105</b>	
CITY-ST-ZIP <b>SINGER ISLAND FL</b>		1.4 CITY-ST-ZIP <b>Singer Island, FL 33404</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>T.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MALPERIN DIANE C.</b>		2.2 NAME <b>Thomas Villarcale</b>	
STREET ADDRESS <b>1100 SURF RD 106</b>		2.3 STREET ADDRESS <b>1100 Surf Rd Apt #213</b>	
CITY-ST-ZIP <b>SINGER ISLAND FL</b>		2.4 CITY-ST-ZIP <b>Singer Island, FL 33404</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILLIGAN K. PHYLLISS</b>		3.2 NAME <b>Margaret Potter</b>	
STREET ADDRESS <b>1100 SURF RD 102</b>		3.3 STREET ADDRESS <b>1100 Surf Rd Apt #110</b>	
CITY-ST-ZIP <b>SINGER ISLAND FL</b>		3.4 CITY-ST-ZIP <b>Singer Island, FL 33404</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *[Signature]* DATE *[Signature]* DAYTIME PHONE # **0040091**

CR2E037 (9/96)