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Jun 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

757728

THE COURTYARD CONDOMINIUM ASSOCIATION, INC. OF
RIVIERA BEACH

Principal Place of Business

1100 SURF ROAD
SINGER ISLAND
FL 33404

Mailing Address

1100 SURF ROAD
SINGER ISLAND
FL 33404

Amend

3. Date Incorporated or Qualified

4/24/81

4. FEI Number

59-2380893

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN McDADE
1100 SURF ROAD, APT. 105
SINGER ISLAND, FL 33404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JOHN McDADE
STREET ADDRESS 1100 SURF ROAD, APT. 105
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE TD ☒ DELETE

NAME THOMAS VILLAREALE
STREET ADDRESS 1100 SURF ROAD, APT. 213
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE SD ☒ DELETE

NAME MARGARET POTTER
STREET ADDRESS 1100 SURF ROAD, APT. 110
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

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14. I 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:

John McDADE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN McDADE

5/5/98

(561) 863-5258

Date

Daytime Phone #

CR2E037 (10/97)