

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757728

1. Entity Name

THE COURTYARD CONDOMINIUM ASSOCIATION, INC. OF R

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90116 005 ****61.25

Principal Place of Business

Mailing Address

1100 SURF ROAD
SINGER ISLAND FL 33404
US

1100 SURF ROAD
SINGER ISLAND FL 33404-3855
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2380893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN MCDADE
1100 SURF ROAD
APT #105
SINGER ISLAND FL 33404

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	MCDADE, THOMAS	NAME	
ST-ZIP	1100 SURF ROAD, APT 105	STREET ADDRESS	
	SINGER ISLAND FL 33404	CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	MARINO, MARIO	NAME	
ST-ZIP	1100 SURF ROAD, APT 202	STREET ADDRESS	
	SINGER ISLAND FL 33404	CITY-ST-ZIP	
SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	BARASCH, ELIZABETH	NAME	
ST-ZIP	1100 SURF ROAD, APT 215	STREET ADDRESS	
	SINGER ISLAND FL 33404	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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 stated 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 so, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN MCDADE, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MCDADE,
PRESIDENT

4/8/00
Date

(561) 863-5258
Daytime Phone #

CR2E037 (9/99)