

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90337 007 ****61.25

DOCUMENT # 757728

1. Entity Name

THE COURTYARD CONDOMINIUM ASSOCIATION, INC.
OF RIVIERA BEACH



Principal Place of Business

1100 SURF ROAD
SINGER ISLAND FL 33404
US

Mailing Address

1100 SURF ROAD
SINGER ISLAND FL 33404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2380893

Applied For

Not Applicable

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDADE, JOHN
STREET ADDRESS 1100 SURF ROAD, APT 105
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE SD
NAME ORROK, SALLY
STREET ADDRESS 1100 SURF RD., APT. 212
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE D
NAME ROSENKRANZ, ALAN
STREET ADDRESS 1100 SURF RD APT 206
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE VD
NAME MALONE, JONATHAN
STREET ADDRESS 1100 SURF ROAD APT 104
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McDade PRDS JOHN MCDADE

4/2/04

(561) 863-5258