

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758457 (6)

1. Corporation Name
THE COURTYARDS OF GOLDEN GATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O THE WARNER CORP 886 110TH AVE N. #7 NAPLES FL 33963 US
%THE WARNER CORP 886 110TH AVE N. #7 NAPLES FL 33963 US

3. Date Incorporated or Qualified 05/21/1981
3a. Date of Last Report 04/18/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-2232258 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WARNER, BRYAN J.
% THE WARNER CORP
886 110TH AVE N. #7
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name R & P Management Associates
82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Road South
83
84 City Naples FL 85 Zip Code 33942

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 *Glen Cornell* Glen Cornell 4-12-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, ANN	
STREET ADDRESS	4219 21ST PL SW #42	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOHER, KAREN	
STREET ADDRESS	4259 22ND AVE SW #43	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, LEWIS	
STREET ADDRESS	4281 22ND AVE SW #79	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ISAACS, ROBERT	
STREET ADDRESS	4259 22ND AVE, SW #45	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stebach, Mel	
4.3 STREET ADDRESS	4241 22nd Ave. S.W. #80	
4.4 CITY-ST-ZIP	Golden Gate, FL 33999	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* 4-22-96 741-955-5830
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)