

FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758457
1. Corporation Name
The Courtyards of Golden Gate Condominium Association, Inc.

Principal Place of Business: *R & P Management, 265 Airport Rd. S., Naples, FL 34104*
Mailing Address: *R & P Management, 265 Airport Rd. S., Naples, FL 34104*

2. Principal Place of Business	2a. Mailing Address
21. <i>R & P Management</i>	26. <i>R & P Management</i>
Suite, Apt. # etc.	Suite, Apt. #, etc.
22. <i>265 Airport Rd. S.</i>	27. <i>265 Airport Rd. S.</i>
City & State	City & State
23. <i>Naples, FL</i>	28. <i>Naples, FL</i>
Zip	Zip
24. <i>34104</i>	29. <i>34104</i>
Country	Country
25. <i>US</i>	30. <i>US</i>

3. Date Incorporated or Qualified <i>May 21, 1981</i>	3a. Date of Last Report
4. FEI Number <i>59-2232258</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name <i>R & P Management</i>			
				82. Street Address (P.O. Box Number is Not Acceptable) <i>265 Airport Rd S</i>			
				83.			
				84. City <i>Naples</i>	85. Zip Code <i>FL 34104</i>		

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>PD Mel Slabach</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>4241 22nd Ave. SW #86</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Naples, FL 34116</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>VD Karen Booher</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>4259 22nd Ave. SW #43</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Naples, FL 34116</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>VD Tom MacDonough</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>2161 42nd St, SW #66</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Naples, FL 34116</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>TD Lewis Kuhn</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>4281 22nd Ave. SW #79</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Naples, FL 34116</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>SD David Schliet</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>4259 22nd Ave SW #60</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Naples, FL 34116</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>200002170542</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>-05/08/97--01003--083</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>***61.25</i>

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: *Melvin E Slabach*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELVIN E SLABACH
 Date: *4/21/97*
 Daytime Phone #: *(941) 353-1971*

CR2E037 (9/96)