

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758457 (6)

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 US	Mailing Address R & P MANAGEMENT 265 AIRPORT RD. S NAPLES FL 34104 US
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3. Date Incorporated or Qualified 05/21/1981	
4. FEI Number 59-2232258	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	26. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**R & P PROPERTY MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SOUTH
NAPLES FL 33942 34104**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City

FL 85 34104

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLABACH, MEL	
STREET ADDRESS	4241 22ND AVE. SW #86	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOOHER, KAREN	
STREET ADDRESS	4259 22ND AVE. SW #43	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MACDONOUGH, JON	
STREET ADDRESS	2131 42ND ST. SW #66	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAHN, LEWIS	
STREET ADDRESS	4261 22ND AVE. SW #79	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLIEF, DAVID	
STREET ADDRESS	4259 22ND AVE SW #60	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP KAHN, LEWIS
4.3 STREET ADDRESS	4261 22nd Ave. SW #79
4.4 CITY-ST-ZIP	NAPLES, FL 34116
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TS BULLKLEY, CHARLES
5.3 STREET ADDRESS	4311 22nd Ave SW #75
5.4 CITY-ST-ZIP	NAPLES, FL 34116
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D BARNUM, ROSE
6.3 STREET ADDRESS	4331 22nd Ave. SW #71
6.4 CITY-ST-ZIP	NAPLES, FL 34116

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: *Mel Slabach* 3/8/98 941-643-3353

CR2E037 (10/97)