

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90036 050 ****61.25

0063492

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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
 US

Mailing Address

R & P MANAGEMENT
 265 AIRPORT RD. S
 NAPLES FL 34104
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/21/1981

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

9. Name and Address of Current Registered Agent

R & P PROPERTY MANAGEMENT ASSOCIATES
 265 AIRPORT ROAD SOUTH
 NAPLES FL 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 Zip Code

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 DELETE

TITLE PD
 NAME SLABACH, MEL
 STREET ADDRESS 4241 22ND AVE. SW #86
 CITY-ST-ZIP NAPLES FL 34116

TITLE TS
 NAME BUCKLEY, CHARLES
 STREET ADDRESS 4311 22ND AVENUE SW, #75
 CITY-ST-ZIP NAPLES FL 34116

TITLE VP
 NAME KAHN, LEWIS
 STREET ADDRESS 4281 22ND AVE. SW #79
 CITY-ST-ZIP NAPLES FL 34116

TITLE D
 NAME BARNUM, ROSE
 STREET ADDRESS 4331 22ND AVENUE SW, #71
 CITY-ST-ZIP NAPLES FL 34116

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME Karen Booher
 1.3 STREET ADDRESS 4259 22nd Ave SW, #43
 1.4 CITY-ST-ZIP Naples, FL 34116

2.1 TITLE SD Change Addition
 2.2 NAME Buckley, Charles
 2.3 STREET ADDRESS 4311 22nd Ave SW, #75
 2.4 CITY-ST-ZIP Naples, FL 34116

3.1 TITLE TD Change Addition
 3.2 NAME Kahn, Lewis
 3.3 STREET ADDRESS 4281 22nd Av SW #79
 3.4 CITY-ST-ZIP Naples, FL 34116

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)