


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90427 004 \*\*\*\*61.25

**DOCUMENT # 758457**

1. Entity 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  
*Old Resort Management*

3. Mailing Address  
*Old Resort Management*

Suite, Apt. #, etc.  
*2685 Horseshoe Dr. S. #215*

City & State  
*Naples, FL.*

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2232258**

Applied For  
 Not Applicable

Zip  
**34104**

Country  
**Collier**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Cindy Vasquez**

Street Address (P.O. Box Number is Not Acceptable)  
**4241 22nd Ave SW. #85**

City **Naples** FL Zip Code **34116**

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 *Cindy L. Vasquez* DATE **4-27-04**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, LEWIS 4281 22ND AVE. SW #79 NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, WILLIAM 4261 22ND AVE SW #81 NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRIT, TONY 4261 22ND AVE SW #82 NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cindy Vasquez 4241 22nd Ave S.W. #85 Naples, FL. 34116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dennis Greig 4211 22nd Ave S.W. #90 Naples, FL. 34116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Karen Wellington 4211 22nd Ave S.W. #89 Naples, FL. 34116	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cindy L. Vasquez* DATE: **4/27/04** DAYTIME PHONE #: **649-5526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #