


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 023 ****61.25

DOCUMENT # 758457					
1. Entity Name THE COURTYARDS OF GOLDEN GATE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03162007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2232258	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLABACH, MARILYN 4241 22ND AVE SW 86 NAPLES, FL 34116			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PST	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASQUEZ, CINDY L		NAME	Jacques, Lucille	
STREET ADDRESS	4241 22ND AVE SW 85		STREET ADDRESS	4241 22nd Ave SW #87	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, NICOL		NAME	Krmer, Karolyn Bass	
STREET ADDRESS	2175 43RD ST SW 58		STREET ADDRESS	4331 20th Ave SW #71	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, LYNN		NAME	Larima, Marie R.	
STREET ADDRESS	4201 22ND AVE SW 93		STREET ADDRESS	2175 43rd St SW #60	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, VANN		NAME	Kohn, Lewis	
STREET ADDRESS	4281 22ND AVE SW 79		STREET ADDRESS	4201 22nd Ave SW #79	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLABACH, MARILYN		NAME		
STREET ADDRESS	4241 22ND AVE SW 86		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marilyn Slabach, Marilyn Slabach, Apr 10, 2007, Pres.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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