## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 01, 2008 8:00 am Secretary of State

05-01-2008 90246 034 \*\*\*\*61.25

DOCU	MENT	#758457

1. Entity Name THE COURTYARDS OF GOLDEN GATE CONDOMINIUM



ASSOCIATION, INC. 40091567 Principal Place of Business Mailing Address C/O RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 CR2E037 (12/06) 4. FEI Number 59-2232258 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLABACH, MARILYN Street Address (P.O. Box Number is Not Acceptable) 4241 22ND AVE SW 86 NAPLES, FL 34116 City 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 . 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE JACQUES, LUCILLE NAME NAME STREET ADDRESS 4241 22ND AVE SW 87 STREET ADDRESS NAPLES, FL 34116 CITY-ST-ZIP CITY-ST-ZIP ST Delete TITLE TITLE Territ SR., Anthony 4261 22nd AVESW #82 KREMER, KAROLYN BESS NAME NAMÉ 4331 22ND AVE SW #71 STREET ADDRESS STREET ADDRESS NAPLES, FL 34116 CITY-ST-ZIP CITY-ST-ZIP D **V** Delele TITLE Addition TITLE LARMA, MARIE R NAME NAME STREET ADDRESS 2175 43RD ST SW #60 STREET ADDRESS NAPLES, FL 34116 CITY-ST-7IP CITY-ST-ZIP FL 34116 Change D ☐ Delete TITLE Addition TITLE Kahn, LQWIS KOHN, LEWIS NAME NAME STREET ADDRESS 4281 22ND AVE SW 79 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 CITY-ST-ZIP TITLE Delete THILE ☐ Change ■ Addition SLABACH, MARILYN NAME NAME 4241 22ND AVE SW 86 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34116 TITLE Delete TITLE Change 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.

ME OF SIGNING OFFICER OR DIRECTOR