

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758457

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** THE COURTYARDS OF GOLDEN GATE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2232258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICE OF JAMIE GREUSEL  
1104 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARZORATI, BRIAN  
Address: 4219 21ST PLACE SW #44  
City-St-Zip: NAPLES, FL 34116

Title: VP  
Name: WEBB, PAT  
Address: 4209 21ST PL. SW #64  
City-St-Zip: NAPLES, FL 34116

Title: S  
Name: SLABACH, MARILYN  
Address: 4241 22ND AVE SW #86  
City-St-Zip: NAPLES, FL 34116

Title: T  
Name: MANSFIELD, FAE  
Address: 2171 43RD ST. SW #55  
City-St-Zip: NAPLES, FL 34116

Title: D  
Name: TERRIT, ANTHONY SR  
Address: 1328 CHURCHILL RD  
City-St-Zip: LYNTHURST, OH 44124

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MARZORATI

P

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date