

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90007 032 \*\*\*\*61.25

**DOCUMENT # 764084**

1. Entity Name  
COURTYARDS BLOCK 249 ASSOCIATION, INC.



Principal Place of Business  
2165 PRESTON AVE  
SEBRING, FL 33875 US

Mailing Address  
2165 PRESTON AVE  
SEBRING, FL 33875 US

40033493



2. Principal Place of Business - No P.O. Box #

3310 SUNRISE DR.

Suite, Apt. #, etc.

3. Mailing Address

3310 SUNRISE DR.

Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State

Sebring, FL.

City & State

Sebring, FL.

4. FEI Number  
59-2269123

Applied For  
Not Applicable

Zip  
33872

Country  
U.S.A.

Zip  
33872

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

KLOCKO, ROSEANN P  
3310 SUNRISE DR  
SEBRING, FL 33872

7. Name and Address of New Registered Agent

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

*Roseann P. Klocko*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

2-21-08

Filing Fee is \$61.25  
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WADE, GALE  
STREET ADDRESS 4809 GRANADA BLVD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME GRAY, TOM  
STREET ADDRESS 4605 GRANADA BLVD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME NEWTON, JANIE  
STREET ADDRESS 4805 GRANADA BLVD  
CITY-ST-ZIP SEBRING, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Gale Wade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #