2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 764301

1. Entity Name
COURTYARD GARDENS PROFESSIONAL CENTRE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2560 RCA BLVD SUITE 107 PALM BEACH GARDENS, FL 33410 US	2560 RCA BLVD SUITE 107 PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2209402

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICKER, CHRISTOPHER
2560 RCA BLVD., #110
PALM BEACH GARDENS, FL 33410

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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: _____ 4/27/06
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICKER, CHRISTOPHER
STREET ADDRESS	2560 RCA BLVD., #110
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	PD
NAME	IRELAND, LARRY
STREET ADDRESS	2560 RCA BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	MCEWEN, DAVID
STREET ADDRESS	2560 RCA BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	PIERCE, JOHN T
STREET ADDRESS	2560 RCA BLVD #107
CITY-ST-ZIP	WEST PALM BEACH, FL 33410
TITLE	D
NAME	DONTH, BERNARD J
STREET ADDRESS	2560 RCA BLVD #108
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000545960
05/12/06-80084-025 61.25

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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: _____ 4/27/06 (561)776-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #