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04-20-1999 90012 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769177

1. Corporation Name

THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 W PLATT ST SUITE 204 TAMPA FL 33606 US	P.O BOX 14400 TAMPA FL 33690-1440 US

2. Principal Place of Business 21 c/o Jacob Real Estate Services, Inc. Suite, Apt. #, etc. 22 1200 W.Platt St, Suite 204 City & State 23 Tampa FL Zip 24 33606 Country 25 US	2a. Mailing Address 26 c/o Jacob Real Estate Services, Inc. Suite, Apt. #, etc. 27 Post Office Box 14400 City & State 28 Tampa FL Zip 29 33690 Country 30 US

3. Date Incorporated or Qualifed: 06/30/1983

4. FEI Number: 41-0092830 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

JACOB, JAMES C.
1200 W PLATT ST
SUITE 204
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: James C. Jacob
82 Street Address (P.O. Box Number is Not Acceptable): 1200 W Platt Street
83: Suite 204
84 City: Tampa **FL** 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RYAN, ARTHUR 2983 W. KNIGHTS AVE. TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD ASTI, PHYLLIS 2973 W. KNIGHTS AVE. TAMPA FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOCHSWENDER, GEORGE 2955 W. KNIGHTS AVE. TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DT LEARY, TAMLYN 2963 W. KNIGHTS AVE. TAMPA FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUCKWOOD, TOM 2696 W KNIGHTS AVE TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD HOCHSCHWENDER, GEORGE 2955 W. KNIGHTS AVE. TAMPA FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD FERNANDEZ, RALPH 2951 W. KNIGHTS AVE. TAMPA FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CD RYAN, ARTHUR 6420 S. BAYSHORE BLVD. TAMPA FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 15 April 99 813-837-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)