2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90293 038 ****61.25

DOCUMENT # 769177

1. Entity Name
THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOCOB REAL ESTATE SERVICES, INC 1200 W. PLATT ST, STE 204 TAMPA, FL 33606 US	C/O JOCOB REAL ESTATE SERVICES, INC 1200 W. PLATT ST, STE 204 TAMPA, FL 33606 US

04122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
115 S. ALBANY AVE.	PO BOX 14400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606 Country US	Zip 33690 Country US

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JACOB, JAMES C.
Street Address (P.O. Box Number is Not Acceptable)
115 S. ALBANY AVENUE
City TAMPA **FL** Zip Code 33606

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 _____ 4/15/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARTIN, MARILYN 2963 W KNIGHTS AVE TAMPA, FL 33611	☒ Delete	PD FOX, STEPHEN 2955 W. KNIGHTS AVE. TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FERNANDEZ, RALPH 2951 W. KNIGHTS AVE TAMPA, FL 33611	☒ Delete	VD KAY, DENNIS M. 2939 W. KNIGHTS AVE. TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RYAN, ARTHUR 6420 S. BAYSHORE BLVD TAMPA, FL 33611	☒ Delete	SD TISCHENDORF, DIANA J. 2916 W. KNIGHTS AVE. TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCARANTINO, ANGELA 2977 W KNIGHTS AVE TAMPA, FL 33611	☐ Delete	TD SCARANTINO, ANGELA 2977 W. KNIGHTS AVE. TAMPA, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 DROTOS, MIKE 2953 W KNIGHTS AVE TAMPA, FL 33611	☒ Delete	D GUYTON, BETTY ANN 2949 W. KNIGHTS AVE. TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 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: _____ 4/15/05 (813)258-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #