


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90104 042 ****70.00

DOCUMENT # 769177 1. Entity Name THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2937-2987 W. KNIGHTS AVE. TAMPA, FL 33611 US	Mailing Address P.O. BOX 2757 TAMPA, FL 33601-2157 US
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DO NOT WRITE IN THIS SPACE

03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 41-0092830	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOB, JAMES C.
115 S ALBANY AVE S
TAMPA, FL 33606

DLG Association Services
1110 N. 56th Street
Suite A
Temple Terrace, FL 33617

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IN THIS SPACE**

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 Diane G. Lee, President DATE May 4, 2006

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, STEPHEN 2955 W KNIGHT AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAY, DENNIS M 2939 W KNIGHTS AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TISCHENDORF, DIANA J 2967 W KNIGHTS AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARANTINO, ANGELA 2977 W KNIGHTS AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYTON, BETTY A 2949 W KNIGHT AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Diane G. Lee, President DATE May 4, 2006 813-984-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #