



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 006 ****70.00

DOCUMENT # 769177 1. Entity Name THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2937-2987 W. KNIGHTS AVE. TAMPA, FL 33611 US				Mailing Address P.O. BOX 2757 TAMPA, FL 33601-2157 US SAME	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40117145 	
City & State Zip		City & State Zip		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DLG ASSOCIATION SRVS. 11110 N 56TH ST STE A TAMPA, FL 33617				7. Name and Address of New Registered Agent Name DLG Association Srvs. Street Address (P.O. Box Number is Not Acceptable) 13911 N Dale Mabry Hwy Suite 201A City Tampa FL Zip Code 33618	
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 <u><i>Dale Sale</i></u> 5/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, STEPHEN		NAME	KAY, DENNIS M	
STREET ADDRESS	2955 W KNIGHT AVE		STREET ADDRESS	2937 W. KNIGHTS AVE	
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP	Tampa FL 33611	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, DENNIS M		NAME	GALLE, BRUCE	
STREET ADDRESS	2939 W KNIGHTS AVE		STREET ADDRESS	2939 W. KNIGHTS AVE	
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP	Tampa FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYTON, BETTY A		NAME	RIDGE, DOROTHY	
STREET ADDRESS	2949 W KNIGHT AVE		STREET ADDRESS	2987 W. KNIGHTS AVE	
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP	Tampa FL 33611	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>BW Sale</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-15-2007</u> Daytime Phone # <u>813.831.5699</u>		