## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 19, 2007 **DOCUMENT# 769177** Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

2937-2987 W. KNIGHTS AVE. 5955 T.G. LEE BLVD 300

TAMPA, FL 33611

ORLANDO, FL 328224457 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 2757 5955 T.G. LEE BLVD

TAMPA, FL 336012157 US 300

ORLANDO, FL 328224457 US

FEI Number: 41-0092830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DLG ASSOCIATION SRVS. FURLOW, REBECCA 13911 N. DALE MABRY HWY 5955 T.G. LEE BLVD **STE 201A** 300

TAMPA, FL 33618 US ORLANDO, FL 328224457 US

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.

SIGNATURE: REBECCA FURLOW 07/19/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

DAY, DENNIS M Name: Name: 2934 W. KNIGHTS AVE. Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip:

Title: VD ( ) Delete Title: () Change () Addition

Name: BRUCE, GALLE Name: Address: 2939 W. KNIGHTS AVE. Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

RIDER, DOROTHY Name: ADLER, DOROTHY Name: 2987 W. KNIGHTS AVE. 2987 W. KNIGHTS AVE. Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY ADLER S 07/19/2007