

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769177

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

**FEI Number:** 59-2552680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIZZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALLE, BRUCE W  
Address: 2969 WEST KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) Delete  
Name: KAY, DENNIS  
Address: 12320 73RD COURT NORTH  
City-St-Zip: LARGO, FL 33773

Title: S (X) Delete  
Name: MARTIN, MARILYN  
Address: 2963 WEST KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: MENDEZ, CHARLES III  
Address: 601 SOUTH MAGNOLIA AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: D ( ) Delete  
Name: ADLER, DOROTHY  
Address: 2987 WEST KNIGHTS AVENUE  
City-St-Zip: TAMPA, FL 33611 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRUCE W GALLE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date