

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005867**

1. Entity Name  
**COURTNEY RESERVE DEVELOPMENT, INC.**



Principal Place of Business  
**100 COLONIAL CENTER PARKWAY, SUITE 470  
LAKE MARY, FL 32746**

Mailing Address  
**100 COLONIAL CENTER PARKWAY, SUITE 470  
LAKE MARY, FL 32746**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3445955**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVE., #1000 (DTO)  
ORLANDO, FL 32801**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000694028  
04/17/07-80002-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	OGIER, GERALD D
STREET ADDRESS	100 COLONIAL CENTER PARKWAY, SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VSTD
NAME	SCHAFER, JOHN A
STREET ADDRESS	100 COLONIAL CENTER PARKWAY, SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VD
NAME	MCDANIEL, DAVID G
STREET ADDRESS	100 COLONIAL CENTER PARKWAY, SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VD
NAME	OGIER, MARK C
STREET ADDRESS	100 COLONIAL CENTER PARKWAY, SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

407 333 0066

Daytime Phone #