FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53240** **(3)**

1. Corporation Name
COURTYARD OF PALMA CEIA, INC.

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US	245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1988**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-2932344** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition VP
NAME	SMARTT, ROBERT L.	12 NAME	Faye O. Hacck
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	13 STREET ADDRESS	245 Peachtree Center Ave. Suite 1100
CITY-ST-ZIP	ATLANTA GE	14 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCCULLAGH, RONALD D.	22 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GE 30303	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	Secterv/Treasurer ☒ Change ☐ Addition
NAME	STRICKLAND, EDD	32 NAME	Chandler Deborah
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	33 STREET ADDRESS	245 Peachtree Center Ave 1100
CITY-ST-ZIP	ATLANTA GE	34 CITY-ST-ZIP	Atlanta, GA
TITLE		41 TITLE	VP ☐ Change ☒ Addition
NAME		42 NAME	Brandeger Corrigan, Richard
STREET ADDRESS		43 STREET ADDRESS	245 Peachtree Center Ave 1100
CITY-ST-ZIP		44 CITY-ST-ZIP	Atlanta Ga 30303
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added, on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003088 CP