

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K57885**

1. Corporation Name

**STONE'S COURTYARD INN MANAGEMENT COMPANY**

Principal Place of Business

 2150 GOODLETTE RD., STE. 700  
NAPLES FL 34102  
US

Mailing Address

 2150 GOODLETTE RD., STE. 700  
NAPLES FL 34102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1989

4. FEI Number

65-0129441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

 \$8.75 Additional  
Fee Required

6. Election, Campaign Financing

☐

 \$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

 STONEBURNER, KEVIN L.  
2150 GOODLETTE ROAD  
SUITE 700  
NAPLES FL 34102

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

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

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

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

 11 TITLE  
NAME LOFGREN, DARLENE S.  
STREET ADDRESS 3443 RUM ROW  
CITY-ST-ZIP NAPLES FL

☐ DELETE

 21 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

 31 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

 41 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

 51 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

 61 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

 11 TITLE  
12 NAME  
13 STREET ADDRESS 963 Galleon Drive  
14 CITY-ST-ZIP

☐ Change ☐ Addition

 21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

 31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

 41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

 51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

 61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darlene Lofgren

Date

3/30/99

Daytime Phone #

CR2E034 (1/98)

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90012 030 \*\*\*300.00

