2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

Daytime Phone #

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DOCUMENT # N0000005469 1. Enlity Name THE COURTYARDS IN CITYPLACE CONDOMINIUM ASSOCIATION, INC.						ł .	ئ 4-03-2006 9040		
2828 CORAL WAY PENTHOUSE SUITE 282		ailing Address 1928 COPAL WAY PENTHOUSE SUITE MAMIL, FL - 33745		 		5000844 	9 WWW		
	SAPODILLA AVE		ling Address	in A Ade					
Suite, Apt.			ite, Apt. #, etc.	ILLA AVE	•	01042006 CI	ng-NP CR	2E037 (11/05)	
City & State			ty & State	u CI		4. FEI Number 14-192386	:A		plied For
W. PALA Zip	M BCH. FL	Zij	PALM BO	Country		5. Certificate of St	_	\$8.75 Add	t Applicable itional
3340	6. Name and Address of Curn	•	401 ed Agent	PALM BE	<u>ACH</u>		ress of New Registe	Fee Required	1
HERNAND	EZ. ANGEL			Name	HAE		and, Esq		
	AL WAY PENTHOUSE SUI	TE		Street REG	Street Address (P.O. Box Number is Not Acceptable) REGIONS FINANCIAL TOWER, SUITE 1220				
IVIIAIVII, I L	33143			1	1555 PALM BCH LAKES BIVD				
				City	PALM	BEACH		FL 3340	1-2329
	named entity submits this statemer	nt for the purp	ose of changing its	registered office	or register	red agent, or both, in	the State of Florida.	I am familiar with,	and accept
tino obligat	Site of regions of agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campaign Fin Due by May 1, 2006 Trust Fund Contributio						\$5.00 May Be Added to Fees		check payable to epartment of St	
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	10
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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 for the receiver or trustale empowered to execute this report as required by Chapter 617, 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.

FULLY YED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE



MICHAEL J. GELFAND* MARY C. ARPE

ILISA L. CARLTON SHANNOYA C. ROBINSON JENNIFER K. THOMAS NADIA N. SULLIVAN

TANIQUE G. LEE OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER

REGIONS FINANCIAL TOWER 1555 PALM BEACH LAKES BLVD. SUITE 1220 WEST PALM BEACH, FL 33401

(561) 655-6224 FACSIMILE (561) 655-1361 www.gelfandarpe.com BY APPOINTMENT:

COMPSON FINANCIAL CENTER 980 NORTH FEDERAL HIGHWAY SUITE 434 BOCA RATON, FL

REPLY TO WEST PALM BEACH

March 16, 2006

Carol Stuart, President
The Courtyards at CityPlace
Condominium Association, Inc.
630 Sapodilla Ave 0113
West Palm Beach, FL 33401

Re: The Courtyards at Cityplace Condominium Association, Inc.

/Registered Agent

Dear Ms. Stuart:

Pursuant to the Association's request, enclosed is a Statement of Change of Registered Office, or Registered Agent, or Both.

There are two main reasons why the enclosed documents are being sent to you for execution. First, all corporations are required by the Florida Department of State, Division of Corporations to name or register and update when necessary an agent who will accept summons and other legal papers on behalf of the Association. Currently, Mr. Angel Hernandez is listed as the Association's registered agent.

Second, it is important that the proper agent is listed in the event that the Association is served with litigation paperwork. Since it is likely that the firm will be the one to respond to any litigation paperwork, it is important that Mr. Gelfand is the party designated to accept legal papers on behalf of the Association. Further, most legal paperwork contains a time sensitive response date. Thus, it is important that Mr. Gelfand receive such items immediately to avoid delay in responding to the legal matters.

Please review the Statement of Change. If correct, then please execute the form where indicated on the bottom of the page. The form should then be returned to our office for Mr. Gelfand's signature with a check in the amount of \$35.00 payable to: Division of Corporations.

Upon receipt we will forward the completed form and check to the Division of Corporations. The filing of the Statement of Change will help ensure that documents that are required by law to be served upon the Association's registered agent are received by counsel.



Ms. C. Stuart March 16, 2006 Page 2 of 2

If the Association should have any questions or comments, then please do not hesitate to contact me.

Very truly yours,

Nadia N. Sullivan
For the Firm

nns

Enclosure

cc: Mr. Ron Leisenring

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: The Courtyards in Cityplace Condominium Association, Inc.
- 1a. Date of incorporation: August 21, 2000

Document number N00000005469

2. The name and address of the present registered agent and office:

Angel Hernandez 2828 Coral Way, Penthouse Suite Miami, Florida 33145

3. The name and address of the successor registered agent and office: (P.O. BOX NOT ACCEPTABLE)

Michael J. Gelfand, Esquire GELFAND & ARPE, P.A. Regions Financial Tower, Suite 1220 1555 Palm Beach Lakes Boulevard West Palm Beach, Florida 33401-2329

The address of its registered agent and the address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors.

SIGNATURE ☞	
	(President or Vice President)
DATE.	
DATEV	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 617.0503 FLORIDA STATUTES.

SIGNATURE_	
	(Registered Agent)
DATE	

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314