2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005469

FILED Jan 14, 2009 Secretary of State

Entity Name: THE COURTYARDS IN CITYPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** C/O THE CONTINENTAL GROUP INC. 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020 FEI Number: 14-1923864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELFAND, MICHAEL J ESQ REGIONS FINANCIAL TOWER STE 1220 1555 PALM BCH LAKES BLVD WEST PALM BEACH, FL 334012329 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STUART, CAROL Name: Name: 720 S SAPODILLA AVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOBSON-MITCHELL, JUDITH Name: Address: 720 S SAPODILLA AVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SEC () Delete Title: () Change () Addition RUDNICK, TRACY Name: Name: 720 S SAPODILLA AVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCCABE, JAIME Name: Address: 720 S SAPODILLA AVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 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: CAROL STUART PRES 01/14/2009