


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90202 019 ****61.25

DOCUMENT # N00000007351					
1. Entity Name THE COURTYARDS OF DELRAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 72 SE 6TH AVE DELRAY BEACH, FL 33483			Mailing Address 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business		3. Mailing Address <i>Associated Property Mgmt.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1928 Lake Worth Rd.</i>			
City & State		City & State <i>Lake Worth, FL</i>			
Zip	Country	Zip	Country	4. FEI Number 65-1054054 Applied For <input type="checkbox"/> Not Applicable	
33461	U.S.			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENT SVCS OF AMERICA 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name JAMES N. KRIVOK, ESQ. Street Address (P.O. Box Number is Not Acceptable) Dicker, Krivok & Stoloff, P.A. 1818 Australian Ave., South, Suite 400 City West Palm Beach, FL Zip Code 33409		
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable				DATE <i>4-24-2006</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIG, ISABEL 72 SE 6TH AVE #E DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bruce Kelling 65-C S.E. 5th Avenue Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROWE, JESSICA 72 SE 6TH AVE #7 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Mark Spivak 72-N S.E. 6th Avenue Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEHAN, THERESA 72 SE 6TH AVE #L DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADFORD, BRADLEY DR 65 SWE 5TH AVE #T DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Julie Ginotti 65-O S.E. 5th Avenue Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Spagna 65-I S.E. 5th Avenue Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>BRUCE KELLING</i>			X <i>4/25/06</i> 561-265-3574 Date Daytime Phone #		