

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007351

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** THE COURTYARDS OF DELRAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 65-1054054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRIVOK, JAMES N ESQ  
DICKER, KRIVOK AND STOLOFF, PA  
1818 AUSTRALIAN AVE S STE 400  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

MORTON, VICTORIA J ESQ  
HARTLEY & MORTON, ATTORNEY AT LAW  
800 VILLAGE SQUARE CROSSING SUITE 222  
PALM BEACH GARDENS, FL 33410 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: VICTORIA J. MORTON

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CORE, ENRICO (RICK) III  
Address: 65 SE 5TH AVE. #O  
City-St-Zip: DELRAY BEACH, FL 33483

Title: V  
Name: SAMRA, ANTONIO (TONY)  
Address: 65 SE 5TH AVE. #A  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S  
Name: SPAGNA, DICK  
Address: 3179 HOLMES RUN RD  
City-St-Zip: FALLS CHURCH, VA 22042

Title: T  
Name: SHEHAN, THERESE  
Address: 72 SE 6TH AVE #L  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: FAZZIO, MILDRED  
Address: 65 SE 5TH AVE #L  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MCENTEE

APM

04/05/2012

Electronic Signature of Signing Officer or Director

Date