2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000007767

COURTSIDE AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.



FILED May 21, 2007 8:00 am Secretary of State

05-21-2007 90057 024 ****61.25

C/O CASTLE GROUP 12270 S.W. 3RD STREET				Mailing Address C/O CASTLE GROUP P.O. BOX 559009 PLANTATION, FL 33325							
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Numbe 65-1157			<u> </u>	pplied For ot Applicable
Zip		Country	Zip		Countr	у	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name an	d Address of Current	Registered	Agent			7. Name and	Address of New R	Registered	Agent	
SCHOOL MADE DA						Name					
SCHORR, MARK B PA 600 SE THIRD AVE FORT LAUDERDALE, FL 33316						Street Address (P.O. Box Number is Not Acceptable)					
						City	-		FL	Zip Coo	le
8 The above	named entity o	ubmits this statement for	or the nurses	o of changing its	opintorad	Higo or coolet-	rod poort or best	in the Correct Fl			
the obligat	tions of registere	d agent.			egistereu i	onice of registe	red agent, or bor	i, in the State of Fit	onga. Tam	arnılar with	, and accept
	Signature, typed or po	rinted name of registered agent	and title if applica	able. (NOTE:	Registered Ag	ent signature require	d when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
									-		
10.		OFFICERS AND D	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND D	RECTORS IN	N 10
10. TITLE	PD	_	RECTORS	X □ Delete	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	N 10
	SIMONS, JA	- Y J	RECTORS	X □ Delete	1	· · · · · · · · · · · · · · · · · · ·	PD		RS AND D		
TITLE NAME STREET ADDRESS	SIMONS, JA 2709 CENTE	Y J :R COURT	RECTORS	X □ Delete	TITLE NAME STREET A	DDRESS	PD JANTZ,				
TITLE NAME	SIMONS, JA 2709 CENTE WESTON, FI	Y J :R COURT	RECTORS	X□ Delete	TITLE NAME	DDRESS	PD JANTZ, 2739 CE	BILL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIMONS, JA 2709 CENTE WESTON, FI VPD	Y J :R COURT L 33332	RECTORS	X Delete ☐ Delete	TITLE NAME STREET A	DDRESS	PD JANTZ, 2739 CE	BILL NTER COURT I			
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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 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:

WE Jant2

954-385-2756