

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01868**

1. Entity Name

THE COURTYARDS OF FORT MYERS CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

4560 VIA ROYALE  
STE 4A

FORT MYERS, FL 33919 US

Mailing Address

4560 VIA ROYALE-  
STE 4A

FORT MYERS, FL 33919 US

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2490388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CLU, CHFC, PAUL A  
4560 VIA ROYALE  
STE 4B  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTFELD, KENNETH F 4560 VIA ROYALE, SUITE #1 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULS, ROBERT R 4560 VIA ROYALE STE 4A FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, CLU, CHFC, PAUL A 4560 VIA ROYALE -STE 4B FORT MYERS, FL 339191076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEW, BENJAMIN C 4560 VIE ROYALE STE 3 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000710149  
04/25/07-80033-004 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul A. Harris, CLU, CHFC*

Date

4-11-07 (239)-9395131

Daytime Phone #