
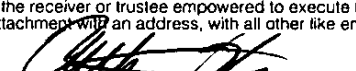


**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

9004002

<b>DOCUMENT # N01938</b>						Secretary of State	
1. Entity Name THE COURTYARDS OF PLANTATION ACRES HOMEOWNERS ASSOCIATION, INC.				02-26-2007 90057 010 ****61.25			
Principal Place of Business C/O CONDO MANAGEMENT ALT. INC. 9365 W. SAMPLE RD., #203 CORAL SPRINGS, FL 33065				Mailing Address PO BOX 8506 CORAL SPRINGS, FL 33075 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  CONDO MGMT ALTERNATIVE, INC 9365 W. SAMPLE RD. STE 203 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City  FL Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007				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 KANE, ARTHUR PO BOX 8506 CORAL SPRINGS, FL 33075	<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	VD FARLEY, ELISABETH PO BOX 8506 CORAL SPRINGS, FL 33075	<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	TD PETRO, MARTIN POB 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD WELLS - CALABRESSE, CHARLENE P.O. BOX 8506 CORAL SPRINGS, FL 33075		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEEDLEMAN, BARBARA PO BOX 8506 CORAL SPRINGS, FL 33075	<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		<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		<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: 				2-23-07 954-752-4796			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			