

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01938

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE COURTYARDS OF PLANTATION ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONDO MANAGEMENT ALT. INC.
9365 W. SAMPLE RD., #203
CORAL SPRINGS, FL 33065

New Principal Place of Business:

9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065

Current Mailing Address:

PO BOX 8506
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 59-2443654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONDO MGMT ALTERNATIVE, INC
9365 W. SAMPLE RD.
STE 203
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CONDO MGMT ALTERNATIVE, INC
9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065 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: _____

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANE, ARTHUR
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD () Delete
Name: FARLEY, ELISABETH
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD () Delete
Name: WELLS-CALABRESE, CHARLENE
Address: POB 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD () Delete
Name: NEEDLEMAN, BARBARA
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WELLS-CALABRESE, CHARLENE
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR KANE

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date