

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03930

(7)

1. Corporation Name

THE COURTYARDS OF SUNTREEE, INC.



Principal Place of Business

Mailing Address

715 GREEN VALLEY LN. #2  
MELBOURNE FL 32940

715 GREEN VALLEY LN. #2  
MELBOURNE FL 32940

3. Date Incorporated or Qualified

06/27/1984

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2595349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABELLI, ANN  
6939 N. WICKHAM ROAD  
MELBOURNE FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, EMMETT	
STREET ADDRESS	746 SPRING VALLEY DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'CONNELL, WALTER	
STREET ADDRESS	740 PINE ISLAND DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, MARGARET S.	
STREET ADDRESS	793 PINE ISLAND DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, CONNIE	
STREET ADDRESS	708 GREEN VALLEY LANE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAY, BILL	
STREET ADDRESS	747 SPRING VALLEY DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, FREDERICK	
STREET ADDRESS	757 GREEN VALLEY LANE	
CITY - ST - ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITEHEAD, EMMETT	
1.3 STREET ADDRESS	746 SPRING VALLEY DR.	
1.4 CITY - ST - ZIP	MELBOURNE, FL 32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HESLAR, WILLIAM	
6.3 STREET ADDRESS	709 PINE ISLAND DRIVE	
6.4 CITY - ST - ZIP	MELBOURNE, FL 32940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William L Heslar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

Daytime Phone #

CR2E037 (12/95)