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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

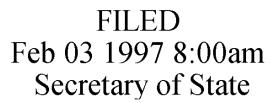
DOCUMENT # N03930

1. Corporation Name

(7)

THE COURTYARDS OF SUNTREEE, INC.

Mailing Address





			Maille	-										
715 GREEN VALLEY LN.#2 MELBOURNE FL 32940			715 GREEN VALLEY LN.#2 MELBOURNE FL 32940-1754											
									3. Date Incorp 06/27	orated or Qualifie /1984	d <b>3a.</b> Da	04/01		
2. Principal Pla	ace of Busin	ess	2a. M	lailing Address					4. FEI Number	95349			Apr	olied For
21			26						08-20	80048				Applicable
Suite, Apt. #	#, etc.		27	uite, Apt. #, etc.					5. Certificate of	of Status Desired		7	75 A	dditional Julred
City & State	9		28	rly & State					6. Election Car Trust Fund (	mpaign Financing Contribution	,			May Be Fees
Zip 24		Country 25	Z 29	ip	30	country	<del></del> -		8. This corpora	ation has liability f	for intangible	tax und		
24]		and Address of Curre		ed Agent	1901					Address of New				
						81	Name							
SABELLI,	, ann					82	Street	Addres	ss (P.O. Box Num	ber is Not Accep	otable)			
	WICKHAM													
MELBOU	JRNE FL 3	2940				83								
						84	City				FL	85	Zip C	ode
11 Purcuent t	to the provis	one of Sections 617.05	502 and 617	1508 Florida St	atutas the	ahou	a-named	COLDO	retion eubmite thi	ic statement for th	FL.	, Lobano	ino ite	registered
office or re	egistered ag	ons of Sections 617.05 ent, or both, in the Stat th, and accept the obli	te of Florida	Such change w	as author	zed by	the cor	poration	n's board of dire	ctors. I hereby ac	cept the app	ointme	nt as r	egistered
	m tamiliar wi	tn, and accept the obii	igations of, a	960110H 017.U5U3	s, Florida s	tatute	S.							
SIGNATURE _	Signature typed	or printed name of registered a												
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16. To hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 118.07(3)(f), Fronda Statutes. Flurting rectify 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

IGNATURE AND MEET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H24-97

Daytime Phone # 0019611