

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 01 1997 8:00 am
Secretary of State

DOCUMENT #
1. Corporation Name

No 3930

THE COURTYARDS OF SUNTREE, INC.

Principal Place of Business

Mailing Address

715 GREEN VALLEY LANE
MELBOURNE, FL 32940

6939 N. WICKHAM ROAD
MELBOURNE, FL 32940

3. Date Incorporated or Qualified

06/27/84

3a. Date of Last Report

3/21/96

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANN SABELLI
6939 N. WICKHAM RD
MELBOURNE, FL 32940

81 Name

SAME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ann Sabelli

3-25-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

PD

HABERMAN, JEROME

757 SPRING VALLEY DR.

MELBOURNE, FL 32940

VPD

WADDINGTON, FRED

1732 GREEN VALLEY LANE

MELBOURNE, FL 32940

SC

DEROVHER, DENISE

755 GREEN VALLEY LANE

MELBOURNE, FL 32940

TD

OGILVIE, BETTY

719 SPRING VALLEY LANE

MELBOURNE, FL 32940

D

TITUS, JERRY

745 PINE ISLAND DR.

MELBOURNE, FL 32940

100002130941

-04/02/97--01005--049

***61.25

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Ogilvie

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

Date

Daytime Phone #

CR2E034 (9/96)