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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN -2 PM 2:02
SECRETARY OF STATE
400076030 TALLAHASSEE, FLORIDA

DOCUMENT # N04000002327

1. Entity Name
COURTYARDS OF LAKE WORTH AT COLLEGE PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2502-50 N. DIXIE HIGHWAY LAKE WORTH, FL 33460	2502-50 N. DIXIE HIGHWAY LAKE WORTH, FL 33460

03302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
777 E. Atlantic Ave.	777 E. Atlantic Ave.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Delray Beach, FL	City & State: Delray Beach FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number: 20-1683764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMOROSANA, CHRISTOPHER J
2502-50 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name: Amorosana, Christopher J.
Street Address (P.O. Box Number is Not Acceptable): 777 E. Atlantic Ave.
Suite 100
City: Delray Beach FL Zip Code: 33483

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 [signature] Christopher J. Amorosana 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P GUILLARO, ANTHONY P 2502-50 N. DIXIE HIGHWAY LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guillaro, Anthony P. 777 E. Atlantic Ave., Suite 100 Delray Beach, FL 33483 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500076292515 06/16/06--01042--003 **11.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JC 6/8 ☐ Change ☐ 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: [signature] Anthony P. Guillaro 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #