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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

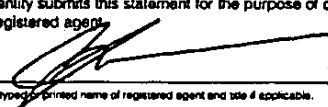
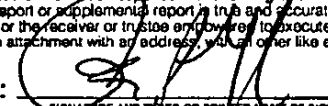
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SECRETARY OF STATE
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TALLAHASSEE, FLORIDA



03302008 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000002327																											
1. Entity Name COURTYARDS OF LAKE WORTH AT COLLEGE PARK HOMEOWNERS' ASSOCIATION, INC.																											
Principal Place of Business 2502-50 N. DIXIE HIGHWAY LAKE WORTH, FL 33460		Mailing Address 2502-50 N. DIXIE HIGHWAY LAKE WORTH, FL 33460																									
2. Principal Place of Business 777 E. Atlantic Ave. Suite, Apt. #, etc. Suite 100 City & State Delray Beach, FL Zip 33483 Country USA		3. Mailing Address 777 E. Atlantic Ave. Suite, Apt. #, etc. Suite 100 City & State Delray Beach FL 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  Christopher J. Amorosana 4/25/06 Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																											
Filing Fee is \$81.25 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																									
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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, who is otherwise empowered.																											
SIGNATURE:  Anthony P. Guillaro 4/26/06 Signature and typed or printed name of signing officer or director Date Daytime Phone #																											