

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006942

FILED
Feb 02, 2009
Secretary of State

Entity Name: THE COURTYARD HOMES AT BELL TOWER PARK II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9411 CYPRESS LAKE DR
2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9411 CYPRESS LAKE DR
2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-3383176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
C/O SCHOO MANAGEMENT, INC
9411 CYPRESS LAKE DR #2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, RAY
Address: 13966 AVON PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VPD () Delete
Name: ARCHER, TIM
Address: 13930 AVON PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: CASTALLA, PAULA
Address: 13924 AVON PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: TD () Delete
Name: WALDALL, WILLIAM
Address: 13987 AVON PRK CIR
City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete
Name: SHAW, DAVID
Address: 13922 AVON PARK CIR.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUFFREY, TERRY
Address: 13959 AVON PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VPD (X) Change () Addition
Name: ARCHER, TIM
Address: 13960 AVON PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: SD (X) Change () Addition
Name: CASTALLA, PAULA
Address: 5532 CHESHIRE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: TD (X) Change () Addition
Name: WALDAU, WILLIAM
Address: 13987 AVON PRK CIR
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SHAW

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date