2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000006942

TI FILED
Sep 28, 2009
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 9411 CYPRESS LAKE DR 5100 BELL TOWER PARK BLVD FORT MYERS, FL 33912 FORT MYERS, FL 33919 **New Mailing Address: Current Mailing Address:** 3701 NORTH TAMIAMI TRAIL 9411 CYPRESS LAKE DR NAPLES, FL 34103 FORT MYERS, FL 33919 FEI Number: 20-3383176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GELLES, BOB COMPASS GROUP C/O SCHOO MANAGEMENT, INC 3701 NORTH TAMIAMI TRAIL 9411 CYPRESS LAKE DR #2 NAPLES, FL 34103 FORT MYERS, FL 33919 US 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: COMPASS GROUP 09/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GUFFREY, TERRY Name: Name: 13959 AVON PARK CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: VPD Title: () Delete () Change () Addition ARCHER, TIM Name: Name: Address: 13960 AVON PARK CIRCLE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition CASTALLA, PAULA Name: Name: 5532 CHESHIRE DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: WALDAU, WILLIAM Name: 13987 AVON PRK CIR Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition SHAW, DAVID Name: Name: 13922 AVON PARK CIR. Address: Address: City-St-Zip: FORT MYERS, FL 33912 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: COMPASS GROUP MGR 09/28/2009