

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000007070**

1. Entity Name

COURTHOUSE SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4023 SAWYER ROAD  
SARASOTA FL 34233

Mailing Address

4023 SAWYER ROAD  
SARASOTA FL 34233

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0877968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, STEPHEN T  
4023 SAWYER ROAD  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | ALLEN, STEPHEN T    |                                 |
| STREET ADDRESS | 4023 SAWYER ROAD    |                                 |
| CITY-STATE-ZIP | SARASOTA FL 34233   |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | CONNOURS, DOUGLAS J |                                 |
| STREET ADDRESS | 4023 SAWYER ROAD    |                                 |
| CITY-STATE-ZIP | SARASOTA FL 34233   |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | KLOSNER, J. RUSSELL |                                 |
| STREET ADDRESS | 4023 SAWYER ROAD    |                                 |
| CITY-STATE-ZIP | SARASOTA FL 34233   |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | KLOSNER, JOHN D     |                                 |
| STREET ADDRESS | 4023 SAWYER RD      |                                 |
| CITY-STATE-ZIP | SARASOTA FL 34233   |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS | 000000720873                                                      |
| CITY-STATE-ZIP | 05/01/07-80121-024 61.25                                          |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07