

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 044 ****66.25

DOCUMENT # N04000011890

1. Entity Name
COURTNEY LAKES PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business
100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

Mailing Address
100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
05-0614815

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE
SUITE 1000 (DTO)
ORLANDO, FL 32801-5403

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IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAFFER, JOHN A
STREET ADDRESS 100 COLONIAL CENTER PARKWAY SUITE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE SVTD
NAME MCDANIEL, DAVID G
STREET ADDRESS 100 COLONIAL CENTER PARKWAY SUITE 470
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME DELLA RATTA, JOSEPH
STREET ADDRESS 1800 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME WOOD, MICHAEL
STREET ADDRESS 1800 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

John A Schaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

(407)333-0066

Daytime Phone #