

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011890

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** COURTNEY LAKES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

100 COLONIAL CENTER PARKWAY  
SUITE 470  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

100 COLONIAL CENTER PARKWAY  
SUITE 470  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 05-0614815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1000 (DTO)  
ORLANDO, FL 328015403 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: PD ( ) Delete  
Name: SCHAFFER, JOHN A  
Address: 100 COLONIAL CENTER PARKWAY SUITE 470  
City-St-Zip: LAKE MARY, FL 32746

Title: SVTD ( ) Delete  
Name: MCDANIEL, DAVID G  
Address: 100 COLONIAL CENTER PARKWAY SUITE 470  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: DELLA RATTA, JOSEPH  
Address: 1800 PALM BEACH LAKES BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: WOOD, MICHAEL  
Address: 1800 PALM BEACH LAKES BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JOHN SCHAFFER

PD

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date