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

FILED May 09, 2007 8:00 am Secretary of State 05-09-2007 90115 015 ****61.25

DOCUMENT # N05000000639

1. Entity Name
CITYSCAPE AT COURTHOUSE CENTRE CONDOM!NIUM
ASSOCIATION, INC.



Principal Place of Business 1990 MAIN STREET SARASOTA, FL 34236		Mailing Address C/O Sarasota Commercial Management inc 711 South Osprey Avenue Sarasota, FL 34236			d 401	09822	irii wari gali aana ahaa iii a	111 101 E f L EG I
2. Principal Place of Business - No P.O. Box# 3. Mailing Address PROGRESSIVE Community Mem PROGRESSIVE Community								
Suite, Apt.	#, etc. LENGARY STREET	Suite, Apt. #, etc. 1801 GLENGARY STREET			01162007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		<u> </u>	4. FEI Number	040	A	oplied For
SARASOTA FL Zio Country		SARASOTA 1 Zip Count		<u>- L</u>	20-2217	010	N∈	ot Applicable
3423		34231	USA		5. Certificate o	f Status Desired	Fee Require	
•	6. Name and Address of Current F	Registered Agent		Nama	7. Name and Address of New Registered Agent			
595 BAY IS	LANS MANAGEMENT CORP. SLES ROAD STE 200 IT KEY, FL 34228				\$551VE (IS (P.O. Box Number GLEN GA	is Not Acceptab	LITY MOMT REST	, Inc
	•	4	-	City SARA	SOTA	···-	FL Zip Cod	ੈ ੨ 1
8. The above named entity submits this statement for the durpose 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	ancing	\$5.00 May Be Added to Fees	· I	Make check payable t rida Department of S			
10.	OFFICERS AND DIR		11. • TITLE	A.		NGES TO OFFIC	ERS AND DIRECTORS IN	
TITLE NAME	YODER, PAUL	ER, PAUL			DAVEL I	īm	☐ Change	Addition
STREET ADDRESS	1990 MAIN ST PH 19		STREET ADDRESS 180		BOI GLEN	GARY:	STREET	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP 5A		ARASOTA	, FL 3'	4231	
TITLE NAME	VP □ Delete RICHMAN, LILLIAN		NAME A		TTON	WILL	☐ Change	Addition
STREET ADDRESS	455 LONEBOAT CLUB RD		STREET ADDRESS 180		UTTON 101 GLENC	FARY 5	REET	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-	-ZIP 5/	ARASOTA	FL 3	<u>4231</u>	
TITLE NAME	ST JONES, SUZETTE	☐ Delete	TITLE NAME			•	☐ Change	Addition
STREET ADDRESS	540 OSPREY AVE		STREET A	ADDRESS				
CFTY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-	-ZIP				_
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADORESS			STREET A	ADDRESS				
CITY-ST-ZIP			CITY-ST-	- ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
name Street address			NAME STREET A	ADDRESS				ŀ
CITY-ST-ZIP			CITY-ST-	- ZIP			····	
TITLE		☐ Deiete	TITLE				Change	Addition
NAME Street adoress			name Street a	ADDRESS				í
CITY-ST-ZIP			CITY-\$1-	1				ļ
12. I hereby certify that the information supplied with this filling 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 effort 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 astress, with all other like empowered.								
SIGNATURE: JIM WARKEL 4/20/07 941-921-5393 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WARKEL 4/20/07 941-921-5393 Daylor Printed Name of Signing Officer or Director								