

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90359 028 ****61.25

DOCUMENT # N05000001248

1. Entity Name
**COURT STREET TOWNHOMES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2506 S. MACDILL AVENUE
SUITE A
TAMPA, FL 33629**

Mailing Address
**2506 S. MACDILL AVENUE
SUITE A
TAMPA, FL 33629**

60029647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-3218446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYTS, ANDREW J JR.
106 S. TAMPANIA AVENUE
SUITE 200
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

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

201 N. ARMINIA AVE

City

TAMPA

FL

Zip Code

33609

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

1/12/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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** ☐ Delete
NAME **LANDERS, JAMES F**
STREET ADDRESS **2506 S. MACDILL AVENUE #A**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VD** ☐ Delete
NAME **HUDSON, ALAN**
STREET ADDRESS **2506 S. MACDILL AVENUE #A**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **STD** ☐ Delete
NAME **ROBERTS, KERRY**
STREET ADDRESS **2506 S. MACDILL AVENUE #A**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #