2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # N05000004700 08 JUN -5 PH 12: 00 COURTNEY PALMS CONDOMINIUM ASSOCIATION, INC. FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10003 COURTNEY PALMS 10003 COURTNEY PALMS TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05272008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-2881648 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENZEL, PETER 10003 COURTNEY PALMS BLVD TAMPA, F. 33619 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere SIGNATURE Signature, type nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Secretary + Treasurer ☐ Change **Addition** megan Barror WENZEL PETER NAME NAME 10003 COURTNEY PALMS STREET ADDRESS STREET ADDRESS 10003 courtney palms Blud CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP Tampa Fl 33619 THEF ☐ Delete TITLE ☐ Addition TANYA RICHARD 10003 COURTNEY PALMS BIVD TAMPA, FL 33619 RICHARD, TANYA NAME NAME 10003 COURTNEY PALMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TITLE ☐ Delete TITLE 800131001642 06/06/08--01037--008 **61 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Defete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City - ST-70 CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 the 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 trystee 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. 0F SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR