

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006639

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** SOUTHERN COURTYARD TOWN HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2016 S 10TH STREET  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2016 S 10TH STREET  
FT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 20-5173732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, HOWARD A  
1 FINANCIAL PLAZA SUITE 1400  
100 SE 3RD AVE  
FT LAUDERDALE, FL 333940030 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: DT ( ) Delete  
Name: GUTTA, FRANK  
Address: 8211 W BROWARD BLVD SUITE 350  
City-St-Zip: PLANTATION, FL 33324

Title: DP ( ) Delete  
Name: GRIECO, NANCY  
Address: 909 W MIDWAY RD  
City-St-Zip: FT PIERCE, FL 34982

Title: DS ( ) Delete  
Name: KOUTOULAS, GREGORY  
Address: 8211 W BROWARD BLVD SUITE 350  
City-St-Zip: PLANTATION, FL 33324

**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:

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: NANCY GRIECO

D/P

04/17/2008

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

\_\_\_\_\_  
Date