2007 NOT-FOR-PROFIT CORPORATION

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N06000012074 04-27-2007 90212 003 ****61 25 THE COURTYARDS AT WINDSOR CONDOMINIUM ASSOCIATION, INC. AUUUU'' Principal Place of Business Mailing Address 2787 E. OAKLAND PARK BLVD. 2787 E. OAKLAND PARK BLVD. SUITE 202 SUITE 202 FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAVAGE & ATLASS, P.L. Street Address (P.O. Box Number is Not Acceptable) 801 NE 167TH STREET **SUITE 302** NORTH MIAMI BEACH, FL 33162 City Zip Code FΙ 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition TEPPS, JEROME L NAMÉ NAME 10090 NW 13TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE MCCLOSKEY, KEVIN NAME NAME STREET ADDRESS 6331 SW 1ST PLACE STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TEPPS, DAVID NAME 460 S. ROSEMARY AVE, #308 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME

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 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 anyaddress, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

gi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED