

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90285 005 \*\*\*\*61.25

**DOCUMENT # N16117**

**1. Entity Name**  
**COURT OF PALMS CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**781 W ELKCAM CIRCLE**  
**MARCO ISLAND, FL 34145 US**

**Mailing Address**  
**P O BOX 320**  
**MARCO ISLAND, FL 34146 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-2840109**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JEFREY WILL SAFE HARBOR PROP MGMT**  
**233 N COLLIER BLVD**  
**MARCO ISLAND, FL 34145**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**

**City** **FL** **Zip Code**

**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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHMIDT, JOHN</b>	
<b>STREET ADDRESS</b>	<b>P.O BOX 16</b>	
<b>CITY-ST-ZIP</b>	<b>WHITE SULPHUR SPRINGS, NY 12787</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FERGUSON, ROBERT MR</b>	
<b>STREET ADDRESS</b>	<b>781 W. ELKCAM CIRCLE, A-2</b>	
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND, FL 34145</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FUCHS, OTTO</b>	
<b>STREET ADDRESS</b>	<b>790 COVENTRY DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>WEBSTER, NY 14580</b>	
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WALSH, MARGARET MS</b>	
<b>STREET ADDRESS</b>	<b>811 W. ELKCAM CIRCLE, D-3</b>	
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND, FL 34145</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Schmidt, John</b>	
<b>STREET ADDRESS</b>	<b>P.O. Box 16</b>	
<b>CITY-ST-ZIP</b>	<b>White Sulphur Springs, NY 12787</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Margaret Walsh* **Margaret Walsh** **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #