


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 007 ****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	4. FEI Number 59-2840109	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, JOHN		NAME		
STREET ADDRESS	P.O BOX 16		STREET ADDRESS		
CITY-ST-ZIP	WHITE SULPHUR SPRINGS, NY 12787		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, ROBERT MR		NAME		
STREET ADDRESS	781 W. ELKCAM CIRCLE, A-2		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUCHS, OTTO		NAME		
STREET ADDRESS	790 COVENTRY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEBSTER, NY 14580		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, MARGARET MS		NAME		
STREET ADDRESS	811 W. ELKCAM CIRCLE, D-3		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mscl Clark		NAME		
STREET ADDRESS	1 Grandall St. #208		STREET ADDRESS		
CITY-ST-ZIP	Pembroke, Ontario, K8A8M6		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Steven Skalski		NAME		
STREET ADDRESS	112 10th Street #201		STREET ADDRESS		
CITY-ST-ZIP	Pittsburg, PA 15215		CITY-ST-ZIP		
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: <i>Margaret Walsh</i>		Date: 4/26/05		Daytime Phone #: 239-393-1778	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					