

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91337 016 ****61.25

0055114

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
Not Applicable

5. Certificate of Status Desired

\$8.75-Additional
Fee Required



CHECK HERE IF MAKING CHANGES

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

4/24/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, JOHN	
STREET ADDRESS	P.O. BOX 16	
CITY-ST-ZIP	WHITE SULPHUR SPRINGS NY 12787	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VARLEY, DOROTHEA M	
STREET ADDRESS	811 W. ELKCAM CIRCLE, D-4	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERGUSON, ROBERT MR	
STREET ADDRESS	781 W. ELKCAM CIRCLE, A-2	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUCHS, OTTO	
STREET ADDRESS	790 COVENTRY DRIVE	
CITY-ST-ZIP	WEBSTER NY 14580	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, MARGARET MS	
STREET ADDRESS	811 W. ELKCAM CIRCLE, D-3	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmidt, John	
STREET ADDRESS	P.O. Box 16	
CITY-ST-ZIP	White Sulphur Springs, NY 12787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferguson, Robert	
STREET ADDRESS	781 W. Elkcam Circle, A-2	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walsh, Margaret	
STREET ADDRESS	811 W. Elkcam Circle, D-3	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Margaret Walsh / 24/03 (239) 394-1101

CR2E037 (10/02)