2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N16192

Entity Name: THE COURTYARDS OF COCOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1968 OTTERBEIN AVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

1968 OTTERBEIN AVE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-2832383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOOTH, STANLEY M
1968 OTTERBEIN AVE
COCOA, FL 32926 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: D ( ) Delete
Name: BENNETT, FAYE
Address: 1938 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: DAVIS, TAMMY
Address: 1954 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: BOOTH, STANLEY
Address: 1968 OTTERBEIN AVENUE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: PERIN, DONNA
Address: 1962 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: BOOTH, JACQUELIN
Address: 1970 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: MILLER, ROBERT
Address: 1970 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

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:

Title: D (X) Change ( ) Addition
Name: PERINI, DONNA
Address: 1962 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

Title: D (X) Change ( ) Addition
Name: ALBERT, LOU
Address: 1958 OTTERBEIN AVE
City-St-Zip: COCOA, FL 32926

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: STANLEY M BOOTH PRES 01/11/2009

Electronic Signature of Signing Officer or Director — Date