2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N25037

1. Entity Name
LOVELAND COURTYARDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 LOVELAND BLVD. PORT CHARLOTTE, FL 33980-8702	3300 LOVELAND BLVD PORT CHARLOTTE, FL 33980 US

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0208824
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JERROM, SHEILA
3300 LOVELAND BLVD
[redacted]
PORT CHARLOTTE, FL 33980

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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: Sheila Jerrom President CAM 1/26/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423980
02/18/06-80024-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JERROM, SHEILA
STREET ADDRESS	3300 LOVELAND BLVD., #1501
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	VD
NAME	HAGEMAN, JAMES
STREET ADDRESS	3300 LOVELAND BLVD # 3103
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	TD
NAME	HUDSON, MELVIN
STREET ADDRESS	3300 LOVELAND BLVD, #1904
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	SD
NAME	~~CASPAR~~ GASPAR, ROGER
STREET ADDRESS	3300 LOVELAND BLVD #2703
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	D
NAME	NORRIS, ANOINETTE
STREET ADDRESS	3300 LOVELAND BLVD, #1803
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Linda L. Landry CAM 1/26/06 941-743-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #