


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 026 ****70.00

DOCUMENT # N25037 1. Entity Name LOVELAND COURTYARDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3300 LOVELAND BLVD. PORT CHARLOTTE, FL 33980-8702			Mailing Address 3300 LOVELAND BLVD PORT CHARLOTTE, FL 33980 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0208824	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JERROM, SHEILA 3300 LOVELAND BLVD #1501 PORT CHARLOTTE, FL 33980				7. Name and Address of New Registered Agent 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 <i>S. Jerrom</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>7-15-07</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERROM, SHEILA 3300 LOVELAND BLVD., #1501 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGEMAN, JAMES 3300 LOVELAND BLVD # 3103 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENVERLY CHAYTON 3300 LOVELAND BLVD # 1801 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, MELVIN 3300 LOVELAND BLVD, #1904 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARD SNARSKI 3300 LOVELAND BLVD. #203 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASPAR, ROGER 3300 LOVELAND BLVD #2703 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEILA JERROM 3300 LOVELAND BLVD # 1501 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, ANOINETTE 3300 LOVELAND BLVD, #1803 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALD MOREAU 3300 LOVELAND BLVD # 3004 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYNNIS KUHMAN 3300 LOVELAND BLVD 1902 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>S. Jerrom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>7-15-07</i> DAYTIME PHONE # <i>941-743-9562</i> <small>Date Daytime Phone #</small>		