2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90019 015 ****61.25

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

1st MOORE CR2E037 (10/07)

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 ☐ 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
#1501
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name SAME

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 Sheila Jerrom 2-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAYTON, BEVERLY 3300 LOVELAND BLVD #1801 PORT CHARLOTTE FL 33980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID SAVAGE 3300 LOVELAND BLVD #2103 PORT CHARLOTTE, FL. 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SNARSKI, EDWARD 3300 LOVELAND BLVD #203 PORT CHARLOTTE FL 33980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JOHANNA KENNY 3300 LOVELAND BLVD #1102 PORT CHARLOTTE, FL. 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JERROM, ~~SHEILA~~ 3300 LOVELAND BLVD #1501 PORT CHARLOTTE FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHEILA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~MOREAN,~~ DONALD. 3300 LOVELAND BLVD #3004 PORT CHARLOTTE FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOREAU	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHLMAN, PHYLLIS 3300 LOVELAND BLVD #1902 PORT CHARLOTTE FL 33980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEVERLY CLAYTON 3300 LOVELAND BLVD #1801 PORT CHARLOTTE, FL. 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sheila Jerrom SHEILA JERROM 2.28.08 941-743-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #