

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33436

FILED
Apr 02, 2009
Secretary of State

Entity Name: COURTYARD VILLAGE AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0231602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACEY, ROBERT T
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

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: ROBERT T. GRACEY, SR.

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DORAU, BILL
Address: 1965 COURTYARD WAY, E-106
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DWYER, MARK
Address: 1885 COURTYARD WAY #A-104
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: ENDERS, ELMER
Address: 1901 COURTYARD WAY, C105
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: SCIOLI, SAM
Address: 1915 COURTYARD WAY, #G-101
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: NAGLE, JOYCE
Address: 1885 COURTYARD WAY #A-106
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: DORAU, BILL
Address: 1965 COURTYARD WAY, E-106
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: DWYER, MARC
Address: 1885 COURTYARD WAY #A-104
City-St-Zip: NAPLES, FL 34112

Title: DT (X) Change () Addition
Name: ENDERS, ELMER
Address: 1901 COURTYARD WAY, C105
City-St-Zip: NAPLES, FL 34112

Title: DP (X) Change () Addition
Name: SCIOLI, SAM
Address: 1915 COURTYARD WAY, #G-101
City-St-Zip: NAPLES, FL 34112

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: SAMUEL SCIOLI

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date