2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am Secretary of State DOCUMENT # N36119 1. Entity Name COURTYARD HOMES ASSOCIATION, INC. 05-22-2001 90061 024 ****61.25 Principal Place of Business Mailing Address P.O. BOX 916 2233 11TH AVE W BRADENTON FL 34205 **BRADENTON FL 34206** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0166848 Not Applicable \$8.75 Additional · Zìp Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARCUS, DIANE S 2233 11TH AVE W **BRADENTON FL 34205** Zip Code . 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. **IIGNATURE** THE TOTAL AND DIE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President/Director 1E ☐ Delete TITLE ☐ Change Addition Donald Deardorff NAME 1290 Spoonbill Landings Circle REET ADDRESS STREET ADDRESS TY-ST-ZIP Bradenton, FL 34209 CITY-ST-ZIP Treasurer /Director ☐ Change 16 Addition ☐ Detete TITLE Carol Cozan WE NAME 1215 Spoonbill Landings Circle REET ADDRESS STREET ADDRESS Bradenton, FL 34209 TY-ST-ZIP CITY-ST-ZIP Vice President/Director Œ ☐ Detete MLE ☐ Change Addition Harold Walters ME NAME 1258 Spoonbill Landings Circle REET ADDRESS STREET ADDRESS Bradenton, FL 34209 Y-ST-ZIP CITY-ST-ZIP Secretary /Director Change Œ TITLE ☐ Addition Dr. Philip Kinnard NAME ME 1238 Spoonbill Landings Circle REET ADDRESS STREET ADDRESS Bradenton, FL 34209 CITY-ST-ZIP Y-ST-ZIP Director Change Addition Robert Milne 1263 Spoonbill Landings Circle REET ADDRESS STREET ADDRESS /-ST-ZIP Bradenton, FL 34209 CITY-ST-ZIP LE ☐ Addition Delete TITLE ☐ Change NAME IEET ADDRESS STREET ADDRESS /-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.