

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36119

1. Entity Name

COURTYARD HOMES ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 916
BRADENTON FL 34206-7916

Mailing Address

P.O. BOX 916
BRADENTON FL 34206-7916

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0166848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARCUS, DIANE
2233 11TH AVENUE WEST
BRADENTON FL 34205

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME WALTERS, HAROLD
STREET ADDRESS 1258 SPOONBILL LANDINGS CIR
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE DT
NAME COZAN, CAROL
STREET ADDRESS 1215 SPOONBILL LANDINGS CIRCLE
CITY-ST-ZIP BRANDENTON FL ☐ Delete

TITLE SD
NAME KINNARD, DR. PHILIP
STREET ADDRESS 1238 SPOONBILL LANDINGS CIRCLE
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE PD
NAME DEARDORFF, DONALD
STREET ADDRESS 1290 SPOONBILL LANDING CIR
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE D
NAME MILNE, ROBERT
STREET ADDRESS 1263 SPOONBILL LANDINGS CIRCLE
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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.

SIGNATURE:

Signature of Robert Milne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

941-746-4998

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)