

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44343 (4)
1. Corporation Name
THE COURTYARDS 1 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
552 MAIN STREET SAFETY HARBOR FL 34695 **552 MAIN STREET SAFETY HARBOR FL 34695**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1991		3a. Date of Last Report 02/02/1995	
21		26		4. FEI Number 59-3080530		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARBOUR MANAGEMENT & MAINTENANCE 552 MAIN STREET 101 EAST KENNEDY BLVD. SAFETY HARBOR FL 34695				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LENNERTZ, FREDERICK			1.2 NAME			
STREET ADDRESS	2190 CLOVERHILL ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANISKO, JOHN			2.2 NAME			
STREET ADDRESS	2144 CLOVERHILL RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RENDA-KUNSCHAFT, DENISE			3.2 NAME			
STREET ADDRESS	2128 CLOVERHILL RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAULFIELD, ROBERT			4.2 NAME			
STREET ADDRESS	2198 CLOVER HILL ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie Schmitzel 1/17/96 813-726-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)