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Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.

Please Call Clerk Today



Principal Place of Business

Mailing Address

**552 MAIN STREET
SAFETY HARBOR FL 34895**

**552 MAIN STREET
SAFETY HARBOR FL 34895-3549**

3. Date Incorporated or Qualified
07/18/1991

3a. Date of Last Report
02/01/1996

4. FEI Number

59-3080530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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 34895**

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** ☐ DELETE
NAME **LENNERTZ, FREDERICK**
STREET ADDRESS **2190 CLOVERHILL ROAD**
CITY - ST - ZIP **PALM HARBOR FL**

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **JULIE SCHMEITZEL**
1.3 STREET ADDRESS **2115 CLOVER HILL ROAD**
1.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☐ DELETE
NAME **ANISKO, JOHN**
STREET ADDRESS **2144 CLOVERHILL RD.**
CITY - ST - ZIP **PALM HARBOR FL**

2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME **BOB CUNNINGHAM**
2.3 STREET ADDRESS **2133 CLOVER HILL ROAD**
2.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **SD** ☐ DELETE
NAME **MARCHIONNI, LINDA**
STREET ADDRESS **2125 CLOVER HILL ROAD**
CITY - ST - ZIP **PALM HARBOR FL**

3.1 TITLE **TD** ☐ Change ☐ Addition
3.2 NAME **FREDERICK LENNERTZ**
3.3 STREET ADDRESS **2190 CLOVER HILL ROAD**
3.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **PD** ☐ DELETE
NAME **SCHMEITZEL, JULIE**
STREET ADDRESS **2115 CLOVER HILL ROAD**
CITY - ST - ZIP **PALM HARBOR FL**

4.1 TITLE **SD** ☐ Change ☐ Addition
4.2 NAME **KAREN EMERSON**
4.3 STREET ADDRESS **2105 CLOVER HILL ROAD**
4.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **VD** ☐ DELETE
NAME **FALCON, JACK**
STREET ADDRESS **2137 CLOVER HILL ROAD**
CITY - ST - ZIP **PALM HARBOR FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **ROBERT CAULFIELD**
5.3 STREET ADDRESS **2148 CLOVER HILL ROAD**
5.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 Schmeitzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97
Date

Daytime Phone # 0089253

CR2E037 (9/96)