

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/10/00-90056-034-\$61.25-\$61.25

**DOCUMENT # N44343**

1. Entity Name

**THE COURTYARDS 1 HOMEOWNERS ASSOCIATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 31 AM 8:43

Principal Place of Business  
2180 W SR 434  
STE 5000  
LONGWOOD FL 32779  
US

Mailing Address  
2180 W SR 434  
STE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3080530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR  
SENTRY MGMT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**LENNERTZ, FREDERICK**  
**2190 CLOVER HILL ROAD**  
**PALM HARBOR FL 34683**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**ADAMS, NORMA**  
**2178 CLOVER HILL RD**  
**PALM HARBOR FL 34683**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**REIG, CAROLE**  
**2180 CLOVER HILL RD**  
**PALM HARBOR FL 34683-1721**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**GOTSIS, MARIA**  
**2180 CLOVER HILL RD**  
**PALM HARBOR FL 34683-1723**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**2120 CLOVER HILL RD**  
**PALM HARBOR FL 34683**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CAUFIELD, ROBERT**  
**2198 CLOVER HILL RD**  
**PALM HARBOR FL 34683**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**CUNNINGHAM, BOB**  
**2133 CLOVER HILL ROAD**  
**PALM HARBOR FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Norma Adams 2-2-00** **727-942-3425**

Date

Daytime Phone #