


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90097 046 \*\*\*\*61.25

<b>DOCUMENT # N93000005512</b>	
<b>1. Entity Name</b> THE COURTYARDS PHASE TWO HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 865 WHITE IVEY CT APOPKA FL 32712	<b>Mailing Address</b> PO BOX 2474 APOPKA FL 32704 US
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<b>2. Principal Place of Business - No P.O. Box #</b> SAME AS ABOVE	<b>3. Mailing Address</b> SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

**4. FEI Number** 59-3155413 ☐ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CARNEY, MARY-JO  
865 WHITE IVEY CT  
APOPKA FL 32712

**7. Name and Address of New Registered Agent**

Name SAME

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *Mary Jo Carney, Secretary/Treasurer* DATE 1/29/07

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<b>NAME</b> CARNEY, JIM	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 865 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	
<b>TITLE</b> PD	<b>NAME</b> SNYDER, BRUCE H	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 725 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	
<b>TITLE</b> ST	<b>NAME</b> CARNEY, MARY JO	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 865 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	
<b>TITLE</b> VPD	<b>NAME</b> BRADY, GARY	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 849 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	
<b>TITLE</b> D	<b>NAME</b> MEYER, PEGGY	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 773 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	
<b>TITLE</b> D	<b>NAME</b> MEYER, RONALD	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 773 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA FL 32712	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> D	<b>NAME</b> A.J. FOWINKLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 880 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA, FL 32712	
<b>TITLE</b> D	<b>NAME</b> BERTHA HORTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 864 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA, FL 32712	
<b>TITLE</b> D	<b>NAME</b> ANN BARNES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 856 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA, FL 32712	<del>DELETE</del>
<b>TITLE</b> D	<b>NAME</b> CHRIS PAPPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 716 WHITE IVEY CT	<b>CITY - ST - ZIP</b> APOPKA, FL 32712	<del>DELETE</del>
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Mary Jo Carney, Secretary/Treasurer* DATE 1/29/07 (407) 889-2893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR