

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005740

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** COURTYARD CAY AT OAK HARBOUR HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRIME MGMT  
2074 W. INDIANTOWN RD #200  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PRIME MGMT  
2074 W. INDIANTOWN RD #200  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 65-0456116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODES, AL  
605 OAK HARBOUR DR  
JUNO BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RHODES, AL  
Address: 605 OAK HARBOUR DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ST ( ) Delete  
Name: HURWITZ, GEORGE  
Address: 603 OAK HARBOUR DR.  
City-St-Zip: JUNO BCH., FL 33408

Title: VPD ( ) Delete  
Name: MCGINN, CHRISTINE  
Address: 604 OAK HARBOUR DRIVE  
City-St-Zip: JUNO BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S /T (X) Change ( ) Addition  
Name: SCHRODER, GARY  
Address: 602 OAK HARBOUR DR.  
City-St-Zip: JUNO BCH., FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL RHODES

PD

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date