


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90033 013 \*\*\*\*61.25

<b>DOCUMENT # N95000005129</b>	
1. Entity Name <b>THE COURTYARDS OF GRAND PALMS ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/OLANDMARK MNGMT 1941 NW 150 AVE PEMBROOKE PINES, FL 33028 US</b>	Mailing Address <b>C/OLANDMARK MNGMT 1941 NW 150 AVE PEMBROOKE PINES, FL 33028 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03062008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0660573</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BAKALAR &amp; EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KAPLAN, BERNARD 1153 SW 158 AVE PEMBROOKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BURNHAM, GREG 1181 SW 158 AVE PEMBROOKE PINES, FL 33027</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Anthony Lazzari</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1141 SW 158 Ave Pembroke Pines FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GILYARD, KATHY 15817 SW 11TH ST PEMBROOKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARTMAN, DEBRA 1067 SW 158 AVE PEMBROOKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YORK, GLADYS 1061 AVE 158 AVE PEMBROOKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Debra Hartman **3/20/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #