

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N97000000138

Entity Name: COURTLEA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3576017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVE
WINTER PARK, FL 32789 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: DUFFY, DIANNA
Address: 454 VALLEY VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: EVANS, BOB
Address: 410 COURLEA OAKS BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD () Delete
Name: CALNON, MIKE
Address: 406 COURTLEA OAKS BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: SWAFFORD, WALT
Address: 315 COURTLEA OAKS BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DUFFY, DIANNA
Address: 454 VALLEY VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD (X) Change () Addition
Name: EVANS, BOB
Address: 410 COURLEA OAKS BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change () Addition
Name: KULAKOWSKI, ARLENE
Address: 409 COURTLEA OAKS BLVD
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: D () Change (X) Addition
Name: FITZPATRICK, DAN
Address: 326 FOREST HAVEN
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB EVANS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date