## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9700000138

FILED Mar 31, 2009 Secretary of State

Entity Name: COURTLEA OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 882 JACKSON AVE WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 882 JACKSON AVE WINTER PARK, FL 32789 FEI Number: 59-3576017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, BRETT M 882 JACKSON AVE WINTER PARK, FL 32789 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DUFFY, DIANNA DUFFY, DIANNA Name: Name: 454 VALLEY VIEW DRIVE Address: 454 VALLEY VIEW DRIVE Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: ( ) Delete Title: (X) Change ( ) Addition KULAKOWSKI, ARLINE EVANS, BOB Name: Name: Address: 410 COURLEA OAKS BLVD. Address: 409 COURTLEA CREEK City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: PD Title: (X) Change ( ) Addition ( ) Delete HARRIS, BILL LOMBARDY, WARREN Name: Name: 429 COURTLEA OAKS BLVD Address: 403 COURTLEA OAKS BLVD Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 ( ) Delete Title: Title: () Change () Addition SWAFFORD, WALT Name: Name: 315 COURTLEA OAKS BLVD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition CONNENA, STEVE Name: Name: 433 VALLEY VIEW DR. Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SMEDLEY, TERRY Name: Name: Address: Address: 404 COURTLEA OAKS BLVD. WINTER GARDEN, FL 34787 City-St-Zip: 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: DIANNA DUFFY D 03/31/2009