

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-05-2003 91800 017 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000000138

1. Entity Name
 COURTLEA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 444 W NEW ENGLAND AVENUE
 SUITE B
 WINTER PARK FL 32789

Mailing Address
 444 W NEW ENGLAND AVENUE
 SUITE B
 WINTER PARK FL 32789

55049408

2. Principal Place of Business
 882 JACKSON AVE
 Suite, Apt. #, etc.

3. Mailing Address
 882 JACKSON AVE
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 Winter Park FL

City & State
 Winter Park FL

4. FEI Number 59-3576017

Applied Not App

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

6. Name and Address of Current Registered Agent
 JORDAN, BRETT M
 444 WEST NEW ENGLAND, SUITE B
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 882 JACKSON AVE
 City Winter Park FL Zip Code 32789

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 I understand, the obligations of registered agent.

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

FILE NOW: FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	BRADFORD, M W 111 MERICAM CT WINTER GARDEN FL 34777	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	ELLSWORTH, JOHN. 412 COURLEA OAKS BLVD. WINTER GARDEN FL 34787	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	GRIMES, STEVEN 464 FOREST HAVEN DRIVE WINTER GARDEN FL 34787	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE P	MEYER, BILL 328 FOREST HAVEN DRIVE WINTER GARDEN FL 34787	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	SPEARS, ROY. 760 FOREST HAVEN DRIVE WINTER GARDEN FL 34787	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	SANFORD, CARL 308 FOREST HAVEN DRIVE WINTER GARDEN FL 34787	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/19/03
 707.647-2622