## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature and Typed or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N98000001271 04-27-2006 90192 043 \*\*\*\*61.25 THE COURTYARDS ONE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address British of John Bo 1300 WEST NORTH BLVD 1300 WEST NORTH BLVD LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Cha-NP CR2E037 (11/05) 4. FEI Number 59-3510209 City & State Applied For City & State Not Applicable eeshurg Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIZZARD, TOM 1300 W NORTH BLVD. ddress (P.O. Box Number is Not Acceptable) LEESBURG, FL 34748 Shore Zip Code 34748 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. 4-24-06 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. PDT P PT TITLE TITLE Delete Change ☐ Addition Wylie Hamilton 128 A 7th St. MIROY, HELENE K NAME NAME STREET ADDRESS 126 N 7TH STREET STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP CITY-ST-ZIP ees burg, FL VPDT Delete TITLE TITLE Addition VINCENT FAZIO 132 N 7th St. HAMILTON, WYLIE NAME NAME 128 N 7TH STREET STREET ADDRESS STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP heesbura, CITY-ST-ZIP 34748 STOT RONALD Ricketts STDT Delete TITLE ☐ Addition GRIZZARD, TOM NAME NAME PO BOX 49184 1300 W NORTH BLVD STREET ADDRESS STREET ADDRESS CiTY-SI-ZIP LEESBURG, FL 34748 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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

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