

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90192 043 ****61.25



DOCUMENT # N98000001271
 1. Entity Name
 THE COURTYARDS ONE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 1300 WEST NORTH BLVD
 LEESBURG, FL 34748
 Mailing Address
 1300 WEST NORTH BLVD
 LEESBURG, FL 34748

2. Principal Place of Business
 Suite, Apt. #, etc.
 3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Leesburg, FL
 Zip
 Country
 USA
 City & State
 Leesburg, FL
 Zip
 Country
 USA

04212006 Chg-NP CR2E037 (11/05)



4. FEI Number
 59-3510209
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GRIZZARD, TOM
 1300 W NORTH BLVD.
 LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name
 Ronald Ricketts
 Street Address (P.O. Box Number is Not Acceptable)
~~PO Box 491843~~
 1007 N. Shore Dr.
 City
 Leesburg FL
 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.

SIGNATURE *Ronald S Ricketts sec/tre.* DATE 4-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MIROY, HELENE K 126 N 7TH STREET LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT HAMILTON, WYLIE 128 N 7TH STREET LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDT GRIZZARD, TOM 1300 W NORTH BLVD LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Wylie Hamilton 128 N 7th St. Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT VINCENT FAZIO 132 N 7th St. Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDT RONALD Ricketts PO Box 491843 Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Ronald S Ricketts Secretary* DATE: 4-24-06 352-287-6966
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #