


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 59-3510209      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RICKETTS, RONALD  
 1007 N SHORE DR  
 LEESBURG, FL 34748

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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* STDT      DATE: 3-13-07

Signature typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

00000670298  
 03/27/07-80103-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HAMILTON, WYLIE 128 N 7TH ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT FAZIO, VINCENT 132 N 7TH ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDT RICKETTS, RONALD POB 491843 LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* STDT      Date: 3-13-07      Daytime Phone #: 352-707-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR