

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082268

FILED
Jan 08, 2009
Secretary of State

Entity Name: COURTNEY ESTATES DEVELOPMENT, INC.

Current Principal Place of Business:

100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 03-0524657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'KEEFE, DANIEL T
300 SOUTH ORANGE AVENUE
SUITE 1000
ORLANDO, FL 328015403 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OGIER, GERALD D
Address: 216 NOB HILL CIR.
City-St-Zip: LONGWOOD, FL 32779

Title: VTS () Delete
Name: SCHAFER, JOHN
Address: 4019 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: MCDANIEL, DAVID G
Address: 203 VISTA OAKS DR.
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: OGIER, MARK
Address: 616 GRAND CYPRESS POINT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SCHAFER

V

01/08/2009

Electronic Signature of Signing Officer or Director

Date