

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 007 ***158.75

DOCUMENT # P03000130111

1. Entity Name
COURTNEY MANOR DEVELOPMENT, INC.



Principal Place of Business
100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

Mailing Address
100 COLONIAL CENTER PARKWAY
SUITE 470
LAKE MARY, FL 32746

40047194



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2117384	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 BISCAYNE BOULEVARD (DTO)
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGIER, GERALD D 216 NOB HILL CIRCLE LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAFFER, JOHN 3138 WINDING PINE TRAIL 4019 Bermuda LONGWOOD, FL 32779 Home Place
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDANIEL, DAVID G 203 VISTA OAKS DRIVE LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGIER, MARK 616 GRAND CYPRESS POINT SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

(407) 333-0066

Daytime Phone #