## 2006 FOR PROFIT CORPORATION

## FILED Mar 23, 2006 8:00 am Secretary of State

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DOCUMENT # P05000073935  1. Entity Name COURTNEY VISTA DEVELOPMENT, INC.					03-23-2006 90005 006 ***158.75				
Principal Plac	o of Rusiness	Mailing Address			:_1F' .				
Principal Place of Business 100 COLONIAL CENTER PKWY STE 470 LAKE MARY, FL 32746		100 COLONIAL CENTER PKWY STE 470 LAKE MARY, FL 32746							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006	Chg-P		034 (11/05)	
City & State		City & State		4	l. FEI Numbe	13-429	9355	. Ap	pplied For nt Applicable
Zip	Country	Zip	Country			of Status Desired	/	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current	Registered Agent			. Name and	Address of Nev	w Registered	Agent	
00000			Name						
300 S OR	ATION COMPANY OF ORLAN ANGE AVE STE 1000 D, FL 32801-5403	DO	Street A	ddress (P.O	). Box Numbe	er is Not Accepta	able)		
ONLANDO	7, FC 32001-5403								
! 			City				FL	Zip Cod	е
	a named entity submits this statement fo	r the purpose of changing its r	egistered office or	registered	agent, or bo	th, in the State of	Florida, I am	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.	·								
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure required whe	on reinstating)		DATE		
V. Eas	Ţ			<del></del> -	1.0	•	DATE		
FIL After M	Sonature, lyped or privated name of registered agent.  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.1	9. Election Campaig	n Financing	\$5.00	) May Be		DATE		
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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 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 MANE OF SIGNING OFFICER OR DIRECTOR

1/9/06

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