2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073935

Title:

Name:

Address:

City-St-Zip:

Entity Name: COURTNEY VISTA DEVELOPMENT, INC.

FILED Jan 08, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
100 COLONIAL CENTER PKWY STE 470 LAKE MARY, FL 32746					
Current Mailing Address:			New Mailing Address:		
100 COLONIAL CENTER PKWY STE 470 LAKE MARY, FL 32746					
FEI Number:	13-4299355	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVE STE 1000 ORLANDO, FL 328015403 US					
The above in the State		ubmits this statement for the pur	rpose of changing its registered c	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			t	Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	OGIER, GERALE	ONTR PKWY, STE 470	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SCHAFFER, JOH	ONTR PKWY, STE 470	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	OGIER, MARK C	L CENTER PKWY STE 470	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN SCHAFFER V 01/08/2009

() Delete

100 COLONIAL CENTER PKWY STE 470

OGIER, STEVÉN D

LAKE MARY, FL 32746

() Change () Addition