


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State


04-17-2007 90242 047 ***158.75

DOCUMENT # P05000077559 1. Entity Name COURTNEY GATE PARKWAY DEVELOPMENT, INC.	
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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
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DO NOT WRITE IN THIS SPACE

40065754



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0151020	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 ORLANDO
300 SOUTH ORANGE AVENUE SUITE 1000 (DTO)
ORLANDO, FL 32801-5403

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

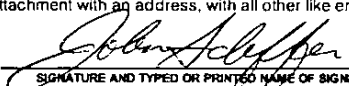
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGIER, GERALD D 216 NOB HILL CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFER, JOHN A 4138 WINDING PINE TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OGIER, MARK D 616 GRAND CYPRESS POINT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **3/6/07** **407 333-0066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #