

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000077559**

1. Entity Name  
**COURTNEY GATE PARKWAY 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**

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**32-0151020**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000829803  
02/26/08-80056-016 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OGIER, GERALD D
STREET ADDRESS	216 NOB HILL CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	SCHAFFER, JOHN A
STREET ADDRESS	4019 BERMUDA GROVE PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	OGIER, MARK D
STREET ADDRESS	616 GRAND CYPRESS POINT
CITY-ST-ZIP	SANFORD, FL 32771
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John Schaffer* John Schaffer 2/8/08 407-333-0060