

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90206 044 ***158.75

DOCUMENT # P06000153846

1. Entity Name
 COURTNEY BEND DEVELOPMENT, INC.



Principal Place of Business 100 COLONIAL CENTER PWKY STE 470 LAKE MARY, FL 32746	Mailing Address 100 COLONIAL CENTER PWKY STE 470 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
 300 S ORANGE AVE
 STE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE: P NAME: OGIER, GERALD D STREET ADDRESS: 100 COLONIAL CENTER PKWY #470 CITY-ST-ZIP: LAKE MARY, FL 32746
TITLE: VP NAME: SCHOFFOR, JOHN A STREET ADDRESS: 100 COLONIAL CENTER PKWY #450 CITY-ST-ZIP: LAKE MARY, FL 32746
TITLE: VP NAME: OGIER, MARK C STREET ADDRESS: 100 COLONIAL CENTER PKWY #450 CITY-ST-ZIP: LAKE MARY, FL 32746
TITLE: VP NAME: OGIER, STEVEN D STREET ADDRESS: 100 COLONIAL CENTER PKWY #450 CITY-ST-ZIP: LAKE MARY, FL 32746
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: John Schaffer **John Schaffer** 2/8/08 407-333-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-8144556	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required