

**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 PKWY  
STE 470  
LAKE MARY, FL 32746

Mailing Address  
100 COLONIAL CENTER PKWY  
STE 470  
LAKE MARY, FL 32746



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8144556

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 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 \_\_\_\_\_

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

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/08

407-333-0066