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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morchum  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000002851 (2)**  
1. Corporation Name  
**COURTYARD AT WINTER PARK APARTMENTS, INC.**

Principal Place of Business      Mailing Address  
**2160-630 W GEORGIA ST  
VANCOUVER, B.C. CANADA**      **2160-650 W GEORGIA ST  
VANCOUVER, B.C. CANADA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/13/1993</b>	3b. Date of Last Report <b>05/01/1994</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>98-0136691</b>	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature: typed or printed name of registered agent and state if applicable      (If 11. Registered Agent signature required when filing)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSILS, JOHN G	1.2 NAME	
STREET ADDRESS	3095 POINT GREY RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	VANCOUVER B.C. CD	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY, JOHN D	2.2 NAME	
STREET ADDRESS	2280 SW MARINE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	VANCOUVER B.C. CD	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JAMES A	3.2 NAME	
STREET ADDRESS	3551 E 3RD AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VANCOUVER B.C. CD	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, ROD G	4.2 NAME	
STREET ADDRESS	944 TOLL CROSS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH VANCOUVER BC CD	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualified for the exemption stated in Section 199.032(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with up to three \_\_\_\_\_

**SIGNATURE: Rod G. Saunders**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 23 '95**      (604) 687-1919