

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000002851 (2)**

1. Corporation Name

**COURTYARD AT WINTER PARK APARTMENTS, INC.**



Principal Place of Business

Mailing Address

2160-650 W GEORGIA ST  
VANCOUVER, B.C. CANADA

2160-650 W GEORGIA ST  
VANCOUVER, B.C. CANADA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

02/27/1995

4. FEI Number

98-0136691

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent and Title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSILS, JOHN G	
STREET ADDRESS	3095 POINT GREY RD	
CITY-STATE-ZIP	VANCOUVER B.C. CD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACKAY, JOHN D	
STREET ADDRESS	2280 SW MARINE DR	
CITY-STATE-ZIP	VANCOUVER B.C. CD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JAMES A	
STREET ADDRESS	3551 E 3RD AVE	
CITY-STATE-ZIP	VANCOUVER B.C. CD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, ROD G	
STREET ADDRESS	944 TOLL CROSS ROAD	
CITY-STATE-ZIP	NORTH VANCOUVER BC CD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRITS ALBADA JELGERSMA	
STREET ADDRESS	1221 Lexington Court	
CITY-STATE-ZIP	El Dorado Hills, CA 95630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and changes, or on an attachment with an address.

SIGNATURE:

Rod G. Saunders

9-Feb-96

(604) 687-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)