

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019337

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: COURTYARD AT LAKE LUCERNE, INC.

## Current Principal Place of Business:

211 N. LUCERNE CIRCLE EAST  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

211 N. LUCERNE CIRCLE EAST  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 59-3308959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THORNLEY, KELLY A  
801 N MAGNOLIA AVENUE  
SUITE 101  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DTR ( ) Delete  
Name: NETTLES, MEREDITH M  
Address: 211 N. LUCERNE CIRCLE EAST  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: MEINER, SAM C  
Address: 211 N. LUCERNE CIRCLE EAST  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BOWERS, PAULA S  
Address: 211 N. LUCERNE CIRCLE EAST  
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete  
Name: MEINER, ELEANOR E  
Address: 211 N. LUCERNE CIRCLE EAST  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: NETTLES, MEREDITH M  
Address: 211 N. LUCERNE CIRCLE EAST  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEREDITH M. NETTLES

PTSD

02/07/2008

Electronic Signature of Signing Officer or Director

Date