

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 030 ***158.75

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1. Entity Name

COURTLEIGH MANOR RETIREMENT HOME, INC.



Principal Place of Business
2770-2778 N.W. 58 TERRACE
LAUDERHILL FL 33313

Mailing Address
7325 N.W. 54 STREET
LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

6440 NW 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Springs

Zip

Country

Zip

Country

33067 Broward County

4. FEI Number

65-0657415

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAE MILES, DOROTHY
7325 NW 54 ST
LAUDERHILL FL 33319

Name

Soma Whyte President

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

6440 NW 41 Street

City

Coral Springs

FL

Zip Code

33067

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

Soma Whyte

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MILES, GARTH K	
STREET ADDRESS	7325 NW 54 ST	
CITY-ST-ZIP	LAUDERDALE HILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILES, RAUEN LEIGH	
STREET ADDRESS	6849 NW 30 ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILES, DOROTHY MAE	
STREET ADDRESS	7325 NW 54 ST	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FO, DARRAN A	
STREET ADDRESS	11187 NW 38 PL	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Dwyer	
STREET ADDRESS	6440 NW 41 ST	
CITY-ST-ZIP	Coral Springs FL 33067 V.P.	
TITLE	Julie Dwyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2698 NW 94 Ave	
STREET ADDRESS	Coral Springs FL 33065	
CITY-ST-ZIP		
TITLE	Kerry Ann Dwyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4363 NW 49 Terrace	
STREET ADDRESS	Land FL 33319	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Soma Whyte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2005. 954484 3712.

Date

Daytime Phone #