

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746331

**Entity Name:** THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**3864388872CC**

**Current Principal Place of Business:**

1840 SW 81ST AVENUE  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD 7 # 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number: 59-1929308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PHOENIX MANAGEMENT SERVICES  
C/O PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD 7 # 105  
LAUDERDALE LAKES, FL 33319 US

*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: LUIS HERNANDEZ, CAM**

**03/08/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH , DEMANI  
Address        C/O PHOENIX MANAGEMENT SERVICES  
                  1840 SW 81TH AVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            VP  
Name            NUMAN, EMMANUEL  
Address        C/O PHOENIX MANAGEMENT SERVICES  
                  1840 SW 81TH AVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            TREASURER  
Name            JONES, CLINTON  
Address        1840 SW 81TH AVE OFFICE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            SECRETARY, SECRETARY  
Name            KELLER, VICTORIA A.  
Address        1840 SW 81TH AVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            DIRECTOR  
Name            CUESTA, DEBRA  
Address        1840 SW 81TH AVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SMITH , DEMANI**

**PRESIDENT**

**03/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date