

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758457

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC3194899250**

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

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US

**FEI Number: 59-2232258**

**Certificate of Status Desired: No**

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

LAW OFFICE OF JAMIE GREUSEL  
1104 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NOVAK, FRANK  
Address        2151 42ND ST. SW  
                  # 46  
City-State-Zip: NAPLES FL 34116

Title            T, TREASURER  
Name            WARREN, MICHAEL F  
Address        4209 21ST PL. S.W. #62  
City-State-Zip: NAPLES FL 34116

Title            PRESIDENT  
Name            PUTNAM, JEAN  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title            VP  
Name            JACQUES, LUCIELLE B  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title            TREASURER  
Name            WARREN, MICHAEL F  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title            SECRETARY  
Name            SLABACH, MARILYN  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

Title            DIRECTOR  
Name            MCLEMORE, LILLIE B  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR. S. #215  
City-State-Zip: NAPLES FL 34104

*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: JEAN PUTNAM**

**PRESIDENT**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date