


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 750834 1. Entity Name COURT PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2641-2661 AIRPORT ROAD NAPLES, FL 33962-4878	Mailing Address 2641-2661 AIRPORT ROAD NAPLES, FL 33962-4878
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1935622

5. Certificate of Status Desired ☐ **\$8.75 Addl
Fee Required**

6. Name and Address of Current Registered Agent

**CARVALLO, ROGER
121 BALTUSROL DRIVE
NAPLES, FL 33962**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000590974
01/19/07-80004-016 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CARVALLO, ROGER 121 BALTUSROL DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARVALLO, STAMATIA 121 BALTUSROL DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARVALLO, THIERRY P 2500 CROWN WEST BLVD., E-222 NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer 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 in Block 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **R. CARVALLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/14/07** Daytime Phone # _____