


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1935622	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Ar Fee Requir
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6. Name and Address of Current Registered Agent CARVALLO, ROGER 121 BALTUSROL DRIVE NAPLES, FL 33962
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000783511 01/16/08-80018-007 61.25
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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	

DO NOT WRITE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/9/08 Date	Daytime Phone # _____
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