

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90095 002 \*\*\*\*61.25

**DOCUMENT # 754651**

1. Entity Name  
CORALEE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2517 SANTA BARBARA BLD STE11  
CAPE CORAL, FL 33914 US

Mailing Address  
2517 SANTA BARBARA BLD STE11  
CAPE CORAL, FL 33914 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
1617 SE 26th St.

Suite, Apt. #, etc.

City & State  
Cape Coral FL

City & State

Zip  
33904

Country  
USA

Zip

Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2163891

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEAGUE, GEORGE  
PROFESSIONALLY YOURS INC  
2517 SANTA BARBARA BLVD STE 11  
CAPE CORAL, FL 33904

Name

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

2503 Du Prado blvd. #500  
Cape Coral FL 33904

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

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS VALVERDE, PAULA  
CITY-ST-ZIP 618 SE 15TH TERRACE  
CAPE CORAL, FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME VD  
STREET ADDRESS CLARK, KELLY  
CITY-ST-ZIP 5821 HARBOUR CLUB RD. #229  
FORT MYERS, FL 33919 ☒ Delete

TITLE  
NAME SIT  
STREET ADDRESS Joanne Mason  
CITY-ST-ZIP 2506 SE 16th Pl #106  
Cape Coral FL 33904 ☒ Addition

TITLE  
NAME ST  
STREET ADDRESS TOAH, MARK  
CITY-ST-ZIP 1617 SE 16 ST 204  
CAPE CORAL, FL 33904 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 in Block 10 or Block 11 if 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

Date

Daytime Phone #