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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 761771

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COLIBT	DI A7A	11 (	CONDOMINIUM	ASSOCIATION	INC
GUUNI	LUXXX	11 \		<b>7000017 11014</b>	1110

COURT	PLAZA II CONDOMINIUM	ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			- I IODANI JOSIU BAIGU AIDAN IODAN	OI 1181 OLDII OISII OIOIE	
C. 2681 AIRPORT ROAD NAPLES FL 33962-4855		D109 - 2663 AIRPORT RD., S. 2681 AIRPORT ROAD NAPLES FL 33962			2 Date have enabled as One lifted	3a. Date of L	set Beaut
		U\$			3. Date Incorporated or Qualified 02/05/1982		0/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0175623		Applied For Not Applicable
21 Suite Ant #	t etc	Suite, Apt. #, etc.				A2	.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		ee Required
City & State		City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		5.00 May Be dded to Fees
Zıp	Country	Zφ	Country	1	8. This corporation has liability for		er s. 199.032,
24	25	29			Florida Statutes		
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New	vedisteten wäert	
	0.0044.0						
	CARVALLO		82	Street Addi	ress (P.O. Box Number is Not Accepta	ble)	
	Tusrol drive Fl 33962		83			<del></del>	
MAPLES	FL 33502		04	0.		lor.	Zip Code
			84	' '		FL 85	,
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was authoriz	ed by the corp	named corpor ocration's boa	ration submits this statement for the port of directors. I hereby accept the app	urpose of changing pointment as regist	its registered office ered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen-	1 and title of accoluance (NC	OTE Registered Age.	nt signature require	a) when reinstating	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TIFLE	D	[]DELETE	11 TITLE			☐ Cha	nge 🔲 Addition
NAME	CARVALLO, STAMATIA		1 2 NAME				
STREET ADDRESS	121 BALTUSROL DRIVE		1 3 STREE	T ADDRESS			
CITY - ST - ZIP	NAPLES, FL 0	[]DELETE	1.4 CITY -	ST-ZIP		Cha	nge Addition
TITLE	D DEMOC ANOTHOR		2 1 TITLE 2 2 NAME				rige Addition
NAME STREET ADDRESS	DEMOS, ANGELO P 100 N BISCAYNE BLVD. 801			T ADDRESS			
City - ST - ZIP	MIAMI, FL 00000		2 4 CITY				
TITLE	PDV	[]DELETE	3 1 TITLE			Cha	nge 🔲 Addition
NAME	CARVALLO, ROGER		3 2 NAME				
STREET ADDRESS	121 BALTUSROL DRIVE		3 3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES, FL 0	Fine ere	3.4. CITY	ST-ZIP			non Maddition
TITLE		[]DELETE	4 1 TITLE	. [		☐ Cha	inge 🔲 Addition
NAME			4 2 NAME	1			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP THILE		□ T T DELETE	5 1 TITLE	51-219		Cha	inge [1] Addition
NAME			5.2 NAME			<del>_</del> -	- <del>-</del>
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5 4 CITY -	ST-ZIP			
TITLE		[]DELETE	61 TITLE		· · · · · · · · · · · · · · · · · · ·	Cha	inge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CITY-S1-7IP		with this flips in columbia.	64 City-		for the exemption stated in Section 11	a nzigilki Flazida 9	Statutee I further
certify that	t the information indicated on this and	nual report or supplemental and foration or the receiver or truste	nual report is ti se e <u>mpower</u> ed	ue and accur	ate and that my signature shall have the second right and that my signature shall have the second right report as required by Chapter 617,	ie same legal effect Florida Statutes; ar	as if made under

SIGNATURE:

SIGNATURE AND TYPED OR DANTED PAME OF SIGNING OFFICER OR DIRECTOR