


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 761771 1. Entity Name COURT PLAZA II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2661 AIRPORT RD SO 8101 NAPLES, FL 34112	Mailing Address PO BOX 7714 NAPLES, FL 34101 US
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01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0175623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARVALLO, ROGER 121 BALTUSROL DRIVE NAPLES, FL 33962	DO NOT WRITE IN THIS SPACE
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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, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVALLO, THIERRY 2250 WEST CROWN POINT BLVD. NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CARVALLO, ROGER 121 BALTUSROL DRIVE NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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02/02/06-80058-018 61.25

**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 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:  **THIERRY CARVALLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06 **239-775-5355**
Date Daytime Phone #