


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

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

<b>DOCUMENT # 761771</b> 1. Entity Name <b>COURT PLAZA II CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2661 AIRPORT RD SO B101 NAPLES, FL 34112</b>	Mailing Address <b>PO BOX 7714 NAPLES, FL 34101 US</b>
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01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0175623**

Ap  
Not

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 \_\_\_\_\_ (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**

000000590975  
01/19/07-80004-017 61.25

**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	
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 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

1/14/2007  
Date

Daytime Phone #