2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 761771

1. Entity Name
COURT PLAZA II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2661 AIRPORT RD SO B101 NAPLES, FL 34112	PO BOX 7714 NAPLES, FL 34101 US

01052008 No Chg-NP CR2E037 (4/06

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4. FEI Number
65-0175623

5. Certificate of Status Desired ☐ **$8.75** Ac
Fee Requi

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000783513
01/16/08-80018-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARVALLO, THIERRY
STREET ADDRESS	2250 WEST CROWN POINT BLVD.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	PVD
NAME	CARVALLO, ROGER
STREET ADDRESS	121 BALTUSROL DRIVE
CITY-ST-ZIP	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	

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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone