2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 769110 COURT II CONDOMINIUM A	ASSOCIATION, INC.			05-08-2006 90	300 012 ****61.	25	
Principal Plac % CENTURY 506 SW 47TI CAPE CORAL	21 SUNBELT REALTY H terr	Mailing Address % CENTURY 21 SUNBE 506 SW 47TH TERR CAPE CORAL, FL 3391			ήηνουτο			
2. Principal P		3. Mailing Address VS. (Y4) Y64 4 (Suite, Apt. #, etc.	naperty mgr	nt <i>uc</i> l				
11/	cloral PKuyw #3	415 Case Coral	PKWYW #	4. FEI Numl	Chg-NP	CR2E037 (11/05)	pplied For	
<u>Caje a</u>		Cagé Coral,	PL Country	59-23			lot Applicable	
33914	<u> </u>	339/4	Country		e of Status Desired	□ \$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent	Name >		d Address of New F	legistered Agent		
DRIFXA, BEVERLY CENTURY 21 SUNBELT, INC. 506 47TH TERRACE				Sennifer Conning Bireet Address (P.O. Box Number is Not Acceptable) POSSMAN healty incherty namt LC				
	RAL, FL 33917		4/51	Tale Corre	Okurili	1#3		
			City	i Do Cras	r nag vi	FL Zip Co	\$414	
the obligat (SIGNATURE .	named entity submits this statement for ione of registered agent.	7	•					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signati	ure required when reinstating)		DATE		
	Signification of the state of t	 	npaign Financing	\$5.00 May Added to Fee		DATE lake check payable ida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Added to Fee ADDITIONS/CI	s Flor	lake check payable	State	
TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Added to Fee ADDITIONS/CI	HANGES TO OFFICE	lake check payable ida Department of S	State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE P MURRAY, MARTIN 610 SW 47TH TERRACE #6 CAPE CORAL, FL 33914	9. Election Carr Trust Fund C RECTORS	npaign Financing contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Added to Fee ADDITIONS/CI	HANGES TO OFFICE	lake check payable ida Department of S RS AND DIRECTORS II Change	State N 10 Addition	
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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 eport 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 his 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

540-8649