2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT #769110** 09 MAR 18 AM 7: 15 1. Entity Name CORAL COURT II CONDOMINIUM ASSOCIATION, INC. SECRE ARY OF STATE Principal Place of Business Mailing Address ROSSMAN REALTY PROPERTY MGMT LLC ROSSMAN REALTY PROPERTY MGMT LLC 1104 SE 46TH LANE #2 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Inc. 1306 SE 46 LN 2 Shamrock Realty Development Suite, Apt. #, etc. Suite, Apt. #, etc. 03072009 REIN-NP CR2E099 (1/07) 1306 SE 46th Lane Applied For City & State 4. FELNumber City & State 59-2381584 Not Applicable FL 33904 Cape Coral, Cape Cora¹, Florida 33904 Country \$8.75 Additional Ζiρ̄ Country 5. Certificate of Status Desired 33904 Fee Required USA 33904 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Angelo Ciciretti Street Address (P.O. Box Number is Not Acceptable) ROSSMAN, MICHELLE CAM ROSSMAN REALTY PROPERTY MGMT LLC Shamrock Realty Development 1104 SE 46TH LANE #2 CAPE CORAL, FL 33904 1306 SE 46th Lane Suite 2 Cape Coral Zip Code 33904 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. 3,13.09 SIGNATURE Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete TITLE TITLE PD ORTEGA, TONI NAME NAME Martin Marcay Murray 610 SW 47TH TERRACE #1 STREET ADDRESS STREET ADDRESS 610 SW 47th Terrace CITY-ST-7IP CITY-ST-ZIP CAPE CORAL, FL 33914 Cape PD Delete TITLE TITLE VPD BARAN, RAY NAME NAME Helen Warfield Adams 610 SW 47TH TERRACE #2 STREET ADDRESS STREET ADDRESS 610 SW 47th Terrace CITY - ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33914 Cape Coral Florida 33914 Change ☐ Addition STD ☐ Delete TITLE TITLE STD MARTIN, ALVIN NAME NAME Tony Ortega DeMarco STREET ADDRESS 610 SW 47TH TERRACE #7 STREET ADORESS 610 SW 47th Terrace CAPE CORAL, FL 33914 CITY-ST-ZIP CITY - ST - ZIP Cape Coral FL 33914 ☐ Addition ☐ Delete TITLE TITLE NAME NAME 03**58761-1661-54666** 03**78761-1665-5**020-***122.50 STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Channe TITLE TITLE NAME STREET ADDRESS STREET ADDRESS C/TY - ST - ZIP CITY - ST - 7IP 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.

Martin Murray PD.

Daytime Phone #

Muna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \angle