

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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N18659

1. Entity Name
THE COURTVIEW BUILDING ASSOCIATION, INC.



Principal Place of Business
**2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112**

Mailing Address
**2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112**



03262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0172314

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, THOMAS R
2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112**

**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, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VEGA, GEORGE JR.
STREET ADDRESS 2660 AIRPORT ROAD SOUTH
CITY-ST-ZIP NAPLES, FL

TITLE VSD
NAME BROWN, THOMAS R.
STREET ADDRESS 2660 AIRPORT ROAD SOUTH
CITY-ST-ZIP NAPLES, FL

TITLE STD
NAME STANLEY, JOHN F.
STREET ADDRESS 2660 AIRPORT ROAD SOUTH
CITY-ST-ZIP NAPLES, FL

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07