

FILED
Feb 09, 2005 8:00 am
Secretary of State

40015634

DOCUMENT # N39066						02-09-2005 90032 017 ****70.00	
1. Entity Name CORAL COURT CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914		Mailing Address 527 W. CAPE CORAL PKWY #7 CAPE CORAL, FL 33914				40015634	
2. Principal Place of Business Suite, Apt. #, etc. DELETE City & State		3. Mailing Address 5213 SW 8th Pl. Cape Coral, FL 33914 City & State		4. FEI Number 65-0250592		Applied For Not Applicable	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		602022005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HUNSUCKER, E. JANE 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Street Ms. Laura Allenfort 5213 SW 8th Pl. Cape Coral, FL 33914-7012 City FL Zip Code			
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  LAURA ALLENFORT - TREASURER 2-2-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P PRUETT, KAREN 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S PARENT, BEVERLY 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T HUNSUCKER, E. JANE 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP ALLENFORT, LAURA 5213 SW 8TH PLACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  LAURA ALLENFORT 2-2-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone # 239-872-0828							