


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39066</b> 1. Entity Name CORAL COURT CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914	Mailing Address 5213 SW 8TH PLACE CAPE CORAL, FL 33914
---	--



01042006 No Chg-NP CR2E037 (11/05)

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

4. FEI Number 65-0250592	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ALLENFORT, LAURA 5213 SW 8TH PLACE CAPE CORAL, FL 33914-7012
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRUETT, KAREN 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARENT, BEVERLY 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUNSUCKER, E. JANE 527 W. CAPE CORAL PKWY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLENFORT, LAURA 5213 SW 8TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000382760 01/12/06-80026-006 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-4-06 Date	Daytime Phone #
---	----------------	-----------------