2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N39066

1. Entity Name
CORAL COURT CONDOMINIUM ASSOCIATION, INC.

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

01132007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0250592

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLENFORT, LAURA
5213 SW 8TH PLACE
CAPE CORAL, FL 33914-7012

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/22/07-80017-002 61.25

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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] LAURA ALLENFORT TREASURER 1/13/07 239-540-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #