

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90029 046 \*\*\*\*61.25

**DOCUMENT # N39066**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

# 7

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-NP

CR2E037 (12/06)

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRUETT, KAREN	
STREET ADDRESS	527 W. CAPE CORAL PKWY #6	
CITY-STATE-ZIP	CAPE CORAL, FL 33914	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARENT, BEVERLY	
STREET ADDRESS	527 W. CAPE CORAL PKWY #2	
CITY-STATE-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNSUCKER, E. JANE	
STREET ADDRESS	527 W. CAPE CORAL PKWY #7	
CITY-STATE-ZIP	CAPE CORAL, FL 33914	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLENFORT, LAURA	
STREET ADDRESS	5213 SW 8TH PLACE	
CITY-STATE-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

LAURA ALLENFORT-TREASURER

Date

Daytime Phone #

1/7/08 239-541-8714