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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000169 (2)**
1. Corporation Name
CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
% STEPHEN J. SZABO, III
ONE TAMPA CITY CENTER, SUITE 2100
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/12/1994** 3a. Date of Last Report

4. FEI Number **65-0508304** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SZABO, STEPHEN J III
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **LEEMAN, JACK**
STREET ADDRESS **9350 GLADIOLUS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **STD**
NAME **JENNEWEN, PETER**
STREET ADDRESS **9350 GLADIOLUS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD**
NAME **STELLING, SARA**
STREET ADDRESS **9350 GLADIOLUS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** Change Addition
1.2 NAME **John Reisman**
1.3 STREET ADDRESS **6296 Corporate Ct., Ste A101**
1.4 CITY-ST-ZIP **Ft. Myers FL 33919**

2.1 TITLE **STD** Change Addition
2.2 NAME **Christina Harvey**
2.3 STREET ADDRESS **6296 Corporate Ct., Ste A101**
2.4 CITY-ST-ZIP **Ft. Myers FL 33919**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **6296 Corporate Ct., Ste A101**
3.4 CITY-ST-ZIP **Ft. Myers FL 33919**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: S. Stelling **SARA L. STELLING** 4/20/95 (813) 481-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)