

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000169 (2)

1. Corporation Name

CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business: 21 9400 GLADIOLUS DRIVE, 22 SUITE 250, 23 FT MYERS FL, 24 33908
2a. Mailing Address: 26 9400 GLADIOLUS DRIVE, 27 SUITE 250, 28 FT MYERS FL, 29 33908, 30 USA

4. FEI Number: 65-0508304
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	REISMAN, JOHN	
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	
CITY-ST-ZIP	FT MYERS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, CHRISTINA	
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STELLING, SARA	
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN REISMAN	
1.3 STREET ADDRESS	6400 GLADIOLUS DRIVE SUITE 250	
1.4 CITY-ST-ZIP	FT MYERS, FL 33908	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID KNIZNER	
4.3 STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 250	
4.4 CITY-ST-ZIP	FT MYERS, FL 33908	
5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUE DAVIDSON	
5.3 STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
5.4 CITY-ST-ZIP	FT MYERS, FL 33908	
6.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VINIE GULLO	
6.3 STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
6.4 CITY-ST-ZIP	FT MYERS, FL 33908	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address.

SIGNATURE: _____ DATE: 1/21/96 DAYTIME PHONE #: 541-481-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)