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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

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

% STEPHEN J. SZABO, III
ONE TAMPA CITY CENTER, SUITE 2100
TAMPA FL 33602-5164

2. Principal Place of Business

2a. Mailing Address

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

3. Date Incorporated or Qualified 01/12/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0508304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Mr	Stilphen, Peter
82	St	Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907
83		
84	C	
85		Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Peter Stilphen* *PETER STILPHEN* *1/20/87*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	REISMAN, JOHN	1.2 NAME
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	1.3 STREET ADDRESS
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HARVEY, CHRISTINA	2.2 NAME
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	2.3 STREET ADDRESS
CITY - ST - ZIP	FORT MYERS FL	2.4 CITY - ST - ZIP
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE
NAME	STELLING, SARA	3.2 NAME
STREET ADDRESS	6296 CORPORATE COURT SUITE A101	3.3 STREET ADDRESS
CITY - ST - ZIP	FORT MYERS FL	3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

ROBERT FRABELL D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	15216 CORAL ISLE COURT FORT MYERS FL 33919
LARRY PENCE JT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	9221 CORAL ISLE WAY FORT MYERS FL 33919
LONNIE COGBURN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	15213 CORAL ISLE COURT FORT MYERS FL 33919
Paux, Dennis O/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	9230 CORAL ISLE FT. MYERS, FL 33919
Sammon, Ken D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	9230 CORAL ISLE FT. MYERS, FL 33919

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert Frabell* **4/15/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046928

CR2E037 (9/96)