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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000169 (2)**

1. Corporation Name

CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD
FT MYERS FL 33907
US**

**C/O MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD
FT MYERS FL 33907
US**

3. Date Incorporated or Qualified

01/12/1994

4. FEI Number

65-0508304

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Election Campaign Financing ☐

Trust Fund Contribution ☐

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

Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

5. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US**

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US**

Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STILPHEN, PETER
MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD
FT MYERS FL 33907**

81 Name

82 Street

83 City

84 State

**Stilphen, Peter
Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US**

15 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **FRABELL, ROBERT**
STREET ADDRESS **15216 CORAL ISLE COURT**
CITY - ST - ZIP **FT MYERS FL**

1.1 TITLE **DS** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT** ☐ DELETE
NAME **PENCE, LARRY**
STREET ADDRESS **9221 CORAL ISLE WAY**
CITY - ST - ZIP **FORT MYERS FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DV** ☒ DELETE
NAME **COGBURN, LONNIE**
STREET ADDRESS **15213 CORAL ISLE COURT**
CITY - ST - ZIP **FORT MYERS FL**

3.1 TITLE **DY** ☐ Change ☒ Addition
3.2 NAME **WILLIAM BLACKWELL**
3.3 STREET ADDRESS **9225 CORAL ISLE**
3.4 CITY - ST - ZIP **FT. MYERS, FL 33919**

TITLE **DS** ☒ DELETE
NAME **PAUX, DENNIS**
STREET ADDRESS **9230 CORAL ISLE**
CITY - ST - ZIP **FT MYERS FL**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **WILLIAM TOWNSLEY**
4.3 STREET ADDRESS **9244 CORAL ISLE**
4.4 CITY - ST - ZIP **FT. MYERS, FL 33919**

TITLE **D** ☒ DELETE
NAME **SAMMON, KEN**
STREET ADDRESS **9230 CORAL ISLE**
CITY - ST - ZIP **FT MYERS FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DIANE ERDMANN**
5.3 STREET ADDRESS **15223 CORAL ISLE**
5.4 CITY - ST - ZIP **FT. MYERS, FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

H. W. Townsend

2-26-98 941/481-1203

CFR2037 (10/97)