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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000169			
1. Corporation Name CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US		Mailing Address C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/12/1994		4. FEI Number 65-0508304	
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	
9. Name and Address of Current Registered Agent STILPHEN, PETER MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name Michael Fleming c/o 82 Street Address (P.O. Box Number is Not Acceptable) Marquis Management Inc 83 9400 Gladiolus Dr #100 84 City Ft Myers FL 85 Zip Code 33908	
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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Michael Fleming</i> DATE 1/26/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS NAME FRABELL, ROBERT STREET ADDRESS 15216 CORAL ISLE COURT CITY-ST-ZIP FT MYERS FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DP NAME PENCE, LARRY STREET ADDRESS 9221 CORAL ISLE WAY CITY-ST-ZIP FORT MYERS FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE DV NAME BLACKWELL, WILLIAM STREET ADDRESS 9225 CORAL ISLE CITY-ST-ZIP FT. MYERS FL 33919		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DT NAME TOWNSLEY, WILLIAM STREET ADDRESS 9244 CORAL ISLE CITY-ST-ZIP FT MYERS FL 33919		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D NAME ERDMANN, DIANE STREET ADDRESS 15223 CORAL ISLE CITY-ST-ZIP FT MYERS FL 33919		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE 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, with all other like empowered.

SIGNATURE: *Michael Fleming* DATE 1/26/99 DAYTIME PHONE # 941-481-6878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)