

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90020 050 ****61.25

DOCUMENT # N94000000169

1. Entity Name
CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION,

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 33908-6698 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0508304	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**FLEMING, MICHAEL
 MARQUIS MANAGEMENT INC
 9400 GLADIOLUS DR #100
 FT MYERS FL 33908**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME DS SAMMOM, KEN	<input type="checkbox"/> Delete
STREET ADDRESS 9230 CORAL ISLE WAY CITY-ST-ZIP FT MYERS FL	
TITLE NAME DP PENCE, LARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9221 CORAL ISLE WAY CITY-ST-ZIP FORT MYERS FL	
TITLE NAME DV DP BLACKWELL, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS 9225 CORAL ISLE CITY-ST-ZIP FT. MYERS FL 33919	
TITLE NAME DT TOWNSLEY, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS 9244 CORAL ISLE CITY-ST-ZIP FT MYERS FL 33919	
TITLE NAME D ERDMANN, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS 15223 CORAL ISLE CITY-ST-ZIP FT MYERS FL 33919	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Paul, Dennis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9255 Coral Isle Way CITY-ST-ZIP FT Myers FL 33919	
TITLE NAME DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Sammon Sec 2/23/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)