


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 040 ****61.25

DOCUMENT # N94000000169

1. Entity Name
 CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O CORNERSTONE ASSOCIATION MGMT, INC.
 2137 DAVIS BLVD.
 FORT MYERS, FL 33905 US

Mailing Address
 C/O CORNERSTONE ASSOCIATION MGMT, INC.
 2137 DAVIS BLVD.
 FORT MYERS, FL 33905 US

50021211



2. Principal Place of Business
 8359 BEACON BLVD
 Suite, Apt. #, etc.
 #409
 City & State

3. Mailing Address
 8359 BEACON BLVD
 Suite, Apt. #, etc.
 #409
 City & State

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0508304

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33907 Country
 Zip 33907 Country

6. Name and Address of Current Registered Agent
 NASSOY, SHERRY
 C/O CORNERSTONE ASSOCIATION MGMT., INC.
 2137 DAVIS BLVD
 FORT MYERS, FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 8359 BEACON BLVD #409

City FL Zip Code 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sherry Nassoy* (NOTE: Registered Agent signature required when reinstating) DATE 2/23/2005

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMMOM, KEN <input checked="" type="checkbox"/> Delete 9230 CORAL ISLE WAY FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAUX, PAULETTE 9255 CORAL ISLE WAY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete SCHAUFFELBERGER, RONALD 9252 CORAL ISLE WAY FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete BUSALACCHI, JOSEPH 9244 CORAL ISLE WAY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete ERDMANN, DIANE 15223 CORAL ISLE COURT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOODMAN, PEGGY A 9247 CORAL ISLE WAY FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHAUFFELBERGER, RONALD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS, KAREN 15213 CORAL ISLE CT FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe Busalacchi* JOE BUSALACCHI 2/24/05 239-425-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #