

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000169

FILED  
Mar 12, 2011  
Secretary of State

**Entity Name:** CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11940 FAIRWAY LAKES DR.  
04  
FORT MYERS, FL 33913 US

**New Principal Place of Business:**

**Current Mailing Address:**

11940 FAIRWAY LAKES DR.  
04  
FORT MYERS, FL 33913 US

**New Mailing Address:**

**FEI Number:** 65-0508304      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NASSOIY, SHERRY  
11940 FAIRWAY LAKES DR.  
04  
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PAUX, PAULETTE  
Address: 9255 CORAL ISLE WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: DVP  
Name: DANLEY, MICHAEL  
Address: 9252 CORAL ISLE WAY  
City-St-Zip: FORT MYERS, FL 33919 US

Title: DT  
Name: LIVELLI, LOIS  
Address: 9227 CORAL ISLE WAY  
City-St-Zip: FT. MYERS, FL 33919

Title: DS  
Name: BASLER, CYNTHIA  
Address: 15233 CORAL ISLE COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: THOMAS, KAREN  
Address: 15213 CORAL ISLE CT  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY NASSOIY

RA

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date