

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90164 017 ****61.25

DOCUMENT # N94000000169

1. Entity 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**

10060155



CHECK HERE IF MAKING CHANGES

**C/o CornerStone Association
Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL**

**C/o CornerStone Association,
Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL**

4. FEI Number **65-0508304**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip **33905**

Country **USA**

Zip **33905**

Country **USA**

6. Name and Address of Current Registered Agent

**O'NEILL, ARLENE
C/O PRIME MANAGEMENT GROUP
9400 GLADIOLUS DR #100
FT MYERS FL 33908**

Name

SHERRY NASSOY

(Acceptable)

**C/o CornerStone Association
Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL**

FL

Zip Code
33905

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DS	SAMMOM, KEN	9230 CORAL ISLE WAY	FT MYERS FL	<input type="checkbox"/>
D	PAUX, DENIS L	9255 CORAL ISLE WAY	FORT MYERS FL	<input type="checkbox"/>
DP	SCHAUFELBERGER, RONALD	9252 CORAL ISLE WAY	FT. MYERS FL 33919	<input type="checkbox"/>
DT	FILLER, ROBERT	9247 CORAL ISLE WAY	FORT MYERS FL 33919	<input type="checkbox"/>
D	ERDMANN, DIANE	15223 CORAL ISLE COURT	FT MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/VP	RONALD SCHAUFFEIBERGER	9252 Coral Isle Way	FT. MYERS, FL 33919	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/VP	ERDMANN, DIANE	15223 Coral Isle Court	Ft. Myers, FL 33919	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Signature of Robert Filler, Treasurer* **2/24/03**

CR2E037 (10/02)