

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000169

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC6320908516**

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

**Current Principal Place of Business:**

11934 FAIRWAY LAKES DR.  
01  
FORT MYERS, FL 33913

**Current Mailing Address:**

11934 FAIRWAY LAKES DR.  
01  
FORT MYERS, FL 33913 US

**FEI Number: 65-0508304**

**Certificate of Status Desired: No**

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

NASSOIY, SHERRY  
11934 FAIRWAY LAKES DR.  
01  
FORT MYERS, FL 33913 US

*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

**Officer/Director Detail :**

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

Title PRESIDENT  
Name HERRMANN, KIM  
Address 9277 CORAL ISLE WAY  
City-State-Zip: FORT MYERS FL 33919

Title TREASURER  
Name KOPPEN, JOHN  
Address 9273 CORAL ISLE WAY  
City-State-Zip: FT. MYERS FL 33919

Title DIRECTOR  
Name AIKEN, DAVID  
Address 9298 CORAL ISLE WAY  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY  
Name WILLY, LACROIX  
Address 9252 CORAL ISLE CT  
City-State-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: KIM HERRMANN**

**PRESIDENT**

**04/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date