


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90233 040 ****61.25

DOCUMENT # N17416 1. Entity Name CORAL ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2517 SANTA BARBARA BLVD 11 CAPE CORAL, FL 33914 US			Mailing Address 2517 SANTA BARBARA BLVD 11 PO BOX 100831 CAPE CORAL, FL 33914 US		
2. Principal Place of Business - No P.O. Box # <i>SE. 5th Place</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State			
Zip <i>33904</i>	Country <i>USA</i>	Zip	Country	4. FEI Number 65-0124521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE 2517 SANTA BARBARA BLVD 11 CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2503 Del Prado blvd. # 500</i> City <i>Cape Coral</i> FL <i>33904</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD SANFORD, FLORENCE 4626 S.E. 5TH PLACE, #201 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRODER, RONALD 4016 SE 5TH PLACE # 108 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, FRED 4620 S.E. 5TH PLACE, #205 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHURMAN, WESLEY 4616 SE 5TH PL 107 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUERNHAMMER, GEORG 4620 SE 5TH PL #104 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Gail Bowman 4616 SE 5th Pl #208 CC FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Florence Sanford</i> <i>Rue</i> <i>4/5/07</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					