


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90046 014 ****61.25

DOCUMENT # N94000000169 1. Entity Name CORAL ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8359 BEACON BLVD #409 FORT MYERS FL 33907 US			Mailing Address 8359 BEACON BLVD #409 FORT MYERS FL 33907 US		
2. Principal Place of Business - No P.O. Box # 8359 BEACON BLVD		3. Mailing Address 8359 BEACON BLVD			
Suite, Apt. #, etc. #417		Suite, Apt. #, etc. #417			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0508304	
Zip 33907		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASSOY, SHERRY C/O CORNERSTONE ASSOCIATION MGMT., INC. 8359 BEACON BLVD FORT MYERS FL 33905			7. Name and Address of New Registered Agent Name NASSOY, SHERRY Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD #417 City FORT MYERS, 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 <u><i>Sherry Nassoy</i></u> <u><i>Sherry Nassoy</i></u> <u><i>3/30/07</i></u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: 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	DS GOODMAN, PEGGY A 9247 CORAL ISLE WAY FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EDWARD STOKKA 9248 CORAL ISLE WAY FT. MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAUX, PAULETTE 9255 CORAL ISLE WAY FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHAUFFELBERGER, RONALD 9252 CORAL ISLE WAY FT. MYERS, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHAUFFELBERGER, RONALD 9252 CORAL ISLE WAY FT. MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHAUFFELBERGER, RONALD 9252 CORAL ISLE WAY FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILLARD-LIVELLI, LOIS 9227 CORAL ISLE WAY FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KAREN 15213 CORAL ISLE CT. FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KAREN 15223 CORAL ISLE COURT FT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KAREN 15213 CORAL ISLE CT. FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KAREN 15223 CORAL ISLE COURT FT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, KAREN 15213 CORAL ISLE CT. FT. MYERS, FL 33919	<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 Section 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: <u><i>Paulette H. Paux</i></u> <u><i>PAULETTE H. PAUX, President</i></u> <u><i>3/21/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					