

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations Fax Number : (850)617-6381 Please honor original date 11/02/2022
From: Account Name : C T CORPORATION SYSTEM Account Number : PCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CORAL SHORES PINE ISLAND PROPERTY OWNERS ASSOCIATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CORAL SHORES PINE ISLAND PROPERTY OWNERS ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
<u>W134 N8675 Executive Parkway</u>	<u></u>
<u>Menomonee Falls, WI 53051</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate, maintain and repair certain land to which the corporation has rights; to enforce restrictive covenants applicable to such land; and to otherwise manage and deal with such land, and purposes incident thereto

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Election by members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Paul Scifert, Director</u>	Name and Title: <u>Sharon Bauter, Director</u>
Address: <u>W134 N8675 Executive Parkway</u>	Address: <u>W134 N8675 Executive Parkway</u>
<u>Menomonee Falls, WI 53051</u>	<u>Menomonee Falls, WI 53051</u>
<u></u>	<u></u>
Name and Title: <u>John Riordan, Director</u>	Name and Title: <u></u>
Address: <u>W134 N8675 Executive Parkway</u>	Address: <u></u>
<u>Menomonee Falls, WI 53051</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

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TALLAHASSEE, FL 32310

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 South Pine Island Road Plantation,

Florida 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Continental Properties Company, Inc.

Address: W134N8675 Executive Parkway

Menomonee Falls, WI 53051

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing date.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

By: CT Corporation System Mark Holloway, Asst. Sec.
[Signature] Required Signature of Registered Agent

11/1/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

By: Daniel J. Minahan
[Signature] Required Signature of Incorporator

11/1/2022
Date

Daniel J. Minahan, Authorized Person

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