

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000012979

**Entity Name:** CORAL SHORES PINE ISLAND PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**6241038393CC**

**Current Principal Place of Business:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051 US

**FEI Number: 92-1186439**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name SEIFERT, PAUL  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title D  
Name BAUTER, SHARON  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title D  
Name BARNABAE, ASHLEY  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

*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: PAUL R. SEIFERT

DIRECTOR

04/18/2024

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

\_\_\_\_\_  
Date