

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90023 009 ****61.25

DOCUMENT # 731215

1. Entity Name

CALOOSA BAYVIEW CONDOMINIUM PHASE B ASSOCIATION.

Principal Place of Business

Mailing Address

4282 ISLAND CIRCLE DRIVE, SUITE B
FT MYERS FL 33919-1406

4282 ISLAND CIRCLE DRIVE, SUITE B
FT MYERS FL 33919-4474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1068731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTH, GOERGE G
4261 E. ISLAND CIRCLE
FT MYERS FL 33919

Name

Todd Val

Street Address (P.O. Box Number is Not Acceptable)

7181 COLLEGE PKWY #42

Collier Mgmt Inc.

City

Fort Myers

FL

Zip Code

33907

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

D	<input checked="" type="checkbox"/> Delete	BLOUGH, JAMES 4305 D ISLAND CIR FT. MYERS FL 33919
PD	<input checked="" type="checkbox"/> Delete	SCHULTZ, BETTY 4303-B ISLAND CIRCLE FT. MYERS FL 33919
TD	<input checked="" type="checkbox"/> Delete	MONAHAN, DONNA 4259-E ISLAND CIRCLE FT. MYERS FL 33919
VP	<input checked="" type="checkbox"/> Delete	SCHULTZ, BETTY 4303 B ISLAND CIR FT. MYERS FL 33919
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINGHAM, TOM	
STREET ADDRESS	4259-E ISLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JABLONSKI, JOEL	
STREET ADDRESS	4251-H ISLAND CIRCLE	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYCUM, FRANCES	
STREET ADDRESS	4253A ISLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALL, DOREEN	
STREET ADDRESS	4257A ISLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lejnar, Emil	
STREET ADDRESS	4305 A ISLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REGISTRATION

2/14/00

(941) 277-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)