

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90109 004 ****61.25

DOCUMENT # 731215 1. Entity Name CALOOSA BAYVIEW CONDOMINIUM PHASE B ASSOCIATION, INCORPORATED.					
Principal Place of Business 4282 Island Circle Suite B Ft. Myers, FL 33919			Mailing Address 4282 Island Circle Suite B Ft. Myers, FL 33919		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1068731	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 BIGHAM, PETE 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bingham, Pete 4282 Island Circle, Suite B Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZONANA, ELI 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Zonana, Eli 4282 Island Circle, Suite B Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHTER, FRED 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richter, Fred 4282 Island Circle, Suite B Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEJNAR, EMIL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cords, Delores 4282 Island Circle, Suite B Ft. Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGH, DONALD 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD Theresa Murray 4282 Island Circle, Suite B Ft. Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. 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: <u>Frederick Richter</u> FREDERICK RICHTER <u>4/13/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					