

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3:03

**DOCUMENT # 732393 (4)**

1. Corporation Name  
**CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON E, INC.**

Principal Place of Business Mailing Address  
**9854 CALOOSA YACHT & RACQUET CLUB DR. FT MYERS FL 33919** **9854 CALOOSA YACHT & RACQUET CLUB DR. FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1975** 3a. Date of Last Report **04/29/1994**  
4. FBI Number **59-1654480** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RICHARDSON, PATRICIA**  
**9854 CALOOSA YACHT & RACQUET CLUB DR.**  
**FT MYERS FL 33919**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **D**  
NAME **VENNELL, JANE**  
STREET ADDRESS **4277-D ISLAND CIR**  
CITY - ST - ZIP **FT MYERS, FL 00000**

TITLE **SD**  
NAME ~~**IBBY, MARIANNE**~~  
STREET ADDRESS ~~**4280C ISLAND CIR**~~  
CITY - ST - ZIP ~~**FORT MYERS FL**~~

TITLE **TD**  
NAME **D'AMATO, DON**  
STREET ADDRESS **4270-D ISLAND CIRCLE**  
CITY - ST - ZIP **FT.MYERS FL**

TITLE **PD**  
NAME **GRANCHI, MICHAEL**  
STREET ADDRESS **4275-B ISLAND CIR**  
CITY - ST - ZIP **FT. MYERS FL**

TITLE **VD**  
NAME **HOLMES, GEORGE**  
STREET ADDRESS **4275-D ISLAND CIR**  
CITY - ST - ZIP **FT MYERS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE **S/D**  Change  Addition  
2.2 NAME **CLARK, CINDY**  
2.3 STREET ADDRESS **9854 CALOOSA YACHT & RACQUET CLUB**  
2.4 CITY - ST - ZIP **FT. MYERS, FL. 33919 DR.**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with address.

**SIGNATURE:** *Michael E. Granchi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/95*