

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732393 (4)
1. Corporation Name

CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ONE, INC.



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

3. Date Incorporated or Qualified: **04/08/1975**
3a. Date of Last Report: **04/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1654480	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country			

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENNELL, JANE	1.2 NAME	
STREET ADDRESS	4277-D ISLAND CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	p/d <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CINDY	2.2 NAME	IRBY, MARIANNE
STREET ADDRESS	9854 CALOOSA YACHT & RACQUET CLUB DR	2.3 STREET ADDRESS	4280-C ISLAND CIRCLE
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL. 33919
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMATO, DON	3.2 NAME	
STREET ADDRESS	4270-D ISLAND CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANCHI, MICHAEL	4.2 NAME	MOSHER, HOWARD
STREET ADDRESS	4275-B ISLAND CIR	4.3 STREET ADDRESS	4265-A ISLAND CIRCLE
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL. 33919
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, GEORGE	5.2 NAME	
STREET ADDRESS	4275-D ISLAND CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: _____ Date: **4.4-96** Daytime Phone #: **941-433-2711**

CP2E037 (12/95)