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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732393 (4)
1. Corporation Name
CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON E, 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
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3. Date Incorporated or Qualified 04/08/1975	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-1654480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RICHARDSON, PATRICIA
9854 CALOOSA YACHT & RACQUET CLUB DR.
FT MYERS FL 33919**

10. Name and Address of New Registered Agent
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 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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VENNEL, JANE
STREET ADDRESS	4277-D ISLAND CIR
CITY-ST-ZIP	FT MYERS, FL 33900
TITLE	PD <input type="checkbox"/> DELETE
NAME	IRBY, MARIANNE
STREET ADDRESS	4280-C ISLAND CIRCLE
CITY-ST-ZIP	FT MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	D'AMATO, DON
STREET ADDRESS	4270-D ISLAND CIRCLE
CITY-ST-ZIP	FT.MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOSHER, HOWARD
STREET ADDRESS	4285-A ISLAND CIRCLE
CITY-ST-ZIP	FT. MYERS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HOLMES, GEORGE
STREET ADDRESS	4275-D ISLAND CIR
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TD THIESSEN, Irene
1.3 STREET ADDRESS	4272-B Island Circle
1.4 CITY-ST-ZIP	FT. Myers, FL 33919
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S, D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V, P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Marianne Irby 3/26/97 941-483-276** Daytime Phone # **0079434**

CFR2037 (9/96)