

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/08/1975 | |
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

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 | 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 | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | THIESSEN, IRENE | |
| STREET ADDRESS | 4272-B ISLAND CIRCLE | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | IRBY, MARIANNE | |
| STREET ADDRESS | 4280-C ISLAND CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DAMATO, DON | |
| STREET ADDRESS | 4270-D ISLAND CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MOSHER, HOWARD | |
| STREET ADDRESS | 4265-A ISLAND CIRCLE | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <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 | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Rowy, Celeste | |
| 1.3 STREET ADDRESS | 4269-B Island Circle | |
| 1.4 CITY-ST-ZIP | FT MYERS, FL | |
| 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 | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Linnville, Cecelia | |
| 3.3 STREET ADDRESS | 4269-C Island Circle | |
| 3.4 CITY-ST-ZIP | FT Myers, FL 33915 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | DS | <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 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: *Marcianne [Signature]* REQUIRED

3/24/98

CR2E037 (10/97)