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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732393

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/08/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1654480

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME TD
 ROUX, CELESTE
 STREET ADDRESS 1269-B ISLAND CIR
 CITY-ST-ZIP FT. MYERS FL

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

TITLE DELETE
 NAME PD
 IRBY, MARIANNE
 STREET ADDRESS 4280-C ISLAND CIRCLE
 CITY-ST-ZIP FT MYERS FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 LINNVILLE, CECELIA
 STREET ADDRESS 1269-C ISLAND CIR
 CITY-ST-ZIP FT.MYERS FL 33915

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

TITLE DELETE
 NAME VPD
 MOSHER, HOWARD
 STREET ADDRESS 4265-A ISLAND CIRCLE
 CITY-ST-ZIP FT. MYERS FL

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Margaret Rouse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)