

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90118 030 \*\*\*\*61.25

**DOCUMENT # 732393**

1. Entity Name  
**CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON**

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: **9854 CALOOSA YACHT & RACQUET CLUB DR. FT MYERS FL 33919**

3. Mailing Address: **6700 LONE OAK BLVD**

Suite, Apt. #, etc.:

City & State: **NAPLES, FL**

4. FEI Number: **59-1654480**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent:  
 Name: **BYRON ROSS**  
 Street Address (P.O. Box Number is Not Acceptable): **6700 LONE OAK BLVD**  
 City: **NAPLES** FL Zip Code: **34109**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: ROUX, CELESTE STREET ADDRESS: 1269-B ISLAND CIR CITY-ST-ZIP: FT. MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: HARRY ROBINSON STREET ADDRESS: 544 STONECROFT RD CITY-ST-ZIP: PERKASIE, PA 18944	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: IRBY, MARIANNE STREET ADDRESS: 4280-C ISLAND CIRCLE CITY-ST-ZIP: FT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: BERNARD COOPER STREET ADDRESS: 5742 ROBEAT DRIVE CITY-ST-ZIP: BROOK PARK OH 44142-2117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LINNVILLE, CECELIA STREET ADDRESS: 1269-C ISLAND CIR CITY-ST-ZIP: FT.MYERS FL 33915	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: FRED PUGLIESE STREET ADDRESS: 22 NORFOLK DR CITY-ST-ZIP: NORTHPORT NY 11768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: MOSHER, HOWARD STREET ADDRESS: 4265-A ISLAND CIRCLE CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: HOWARD MOSHER STREET ADDRESS: 4265-A ISLAND CIRCLE DR CITY-ST-ZIP: FT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: HOLMES, GEORGE STREET ADDRESS: 4275-D ISLAND CIR CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-18-00**  
 Date Daytime Phone #

CR2E037 (9/99)