

2001 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 30, 2001 8:00 am
Secretary of State

05-05-2001 90827 043 ****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

6700 LANE OAK BLVD
 NAPLES FL 34109

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Guardian Property Management
 6700 Lone Oak Blvd
 Naples, Florida 34109



DO NOT WRITE IN THIS SPACE

EI Number

59-1654480

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, BYRAN
 6700 LANE OAK BLVD
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street

City

Guardian Property Management
 6700 Lone Oak Blvd
 Naples, Florida 34109

Zip Code

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]

[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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROUX, CELESTE	
STREET ADDRESS	1269-B ISLAND CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IRBY, MARIANNE	
STREET ADDRESS	4280-C ISLAND CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINNVILLE, CECELIA	
STREET ADDRESS	1269-C ISLAND CIR	
CITY-ST-ZIP	FT.MYERS FL 33915	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOSHER, HOWARD	
STREET ADDRESS	4265-A ISLAND CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mr. H. Robinson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caloosa Bayview	
STREET ADDRESS	544 Stonebridge Road	
CITY-ST-ZIP	Perkasie, PA 18944	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Mr. B. Cooper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caloosa Bayview	
STREET ADDRESS	5742 Robert Drive	
CITY-ST-ZIP	Brook Park, OH 44142	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CRE037 (10/00)

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]

4.29.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #