

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90051 009 ****61.25

DOCUMENT # 732393

1. Entity Name

CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON E, INC.

Principal Place of Business

Mailing Address

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

**GUARDIAN PROPERTY MANAGEMENT
 6700 LONE OAK BLVD
 NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1654480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUARDIAN PROPERTY MANAGEMENT
 6700 LONE OAK BLVD
 NAPLES FL 34109**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	ROBINSON, MR. H	
STREET ADDRESS	CALOOSA BAYVIEW 544 STONEBRIDGE RD	
CITY-ST-ZIP	PERKASIE PA 18944	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MR. B	
STREET ADDRESS	CALOOSA BAYVIEW 5742 ROBERT DR	
CITY-ST-ZIP	BROOKPARK OH 44142	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Harry Robinson* **HARRY ROBINSON** 4-22-02 239-54-7432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)