## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#732393** 

FILED May 04, 2004 Secretary of State

Entity Name: CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ONE, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109

FEI Number: 59-1654480 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Olghature of Negistered A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: PD (X) Change ( ) Addition

Name: ROBINSON, MR. H
Address: CALOOSA BAYVIEW 544 STONEBRIDGE RD

Name: BERNARD, COOPER
Address: 4266 B ISLAND CIRCLE

City-St-Zip: PERKASIE, PA 18944 City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete Title: VPD (X) Change ( ) Addition Name: COOPER, MR. B Name: FRED, PUGLIESE

Address: CALOOSA BAYVIEW 5742 ROBERT DR Address: 4268H ISLAND CIRCLE
City-St-Zip: BROOKPARK, OH 44142 City-St-Zip: FT MYERS, FL 33919

Title: VPD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 MOSHER, HOWARD
 Name:
 GEROGE, HOLMES

 Address:
 4265-A ISLAND CIRCLE
 Address:
 4275D ISLAND CIRCLE

City-St-Zip: FT. MYERS, FL 33919

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition Name: HOLMES, GEORGE, Name: MENTZER, JOEANNE Address: 4275-D ISLAND CIR Address: 4274B ISLAND CIRCLE City-St-Zip: FT MYERS, FL City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD COOPER PD 05/04/2004