


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90441 036 \*\*\*\*61.25

**DOCUMENT # 732393**

1. Entity Name  
**CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ONE, INC.**



Principal Place of Business  
 9854 CALOOSA YACHT & RACQUET CLUB DR.  
 FT MYERS, FL 33919

Mailing Address  
 GUARDIAN PROPERTY MANAGEMENT  
 6700 LONE OAK BLVD  
 NAPLES, FL 34109

40090600



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 60847**  
 Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State  
**Fort Myers FL**

Zip  
**33906**

Country  
**USA**

4. FEI Number  
**59-1654480**

Applied For  
 Not Applicable

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

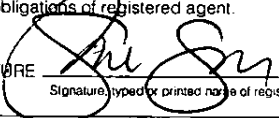
**6. Name and Address of Current Registered Agent**

**ROSS, BYRON**  
**6700 LONE OAK BLVD**  
**NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name **Shane Springy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Sunset Management Group**  
**12011 Kewwood Ln Suite 210**  
 City **Fort Myers** **FL** Zip Code **33907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/23/07**

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

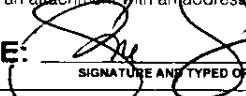
**10. OFFICERS AND DIRECTORS**

|                                                |                                                                     |                                 |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BERNARD, COOPER<br>4266 B ISLAND CIRCLE<br>FT MYERS, FL 33919 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FRED, PUGLIESE<br>4268H ISLAND CIRCLE<br>FT MYERS, FL 33919  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GEROGE, HOLMES<br>4275D ISLAND CIRCLE<br>FT. MYERS, FL 33919  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MENTZER, JOEANNE<br>4274B ISLAND CIRCLE<br>FT MYERS, FL 33919 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  (NOTE: Registered Agent signature required when reinstating)

DATE **4/23/07** Daytime Phone # **239-333-1144**