

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 701092

1. Entity Name
CALOOSA BIRD CLUB INC



Principal Place of Business
**1084 BROAD AVE N
NAPLES, FL 34102-8103**

Mailing Address
**1084 BROAD AVE N
NAPLES, FL 34102-8103**



02262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0630249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, ELEANOR M
1084 BROAD AVE NORTH
NAPLES, FL 34102-8103**

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DAVIS, JUDITH
STREET ADDRESS	P.O. BOX 1724
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	BARBER, JOHN
STREET ADDRESS	12570 FLAMINGO DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	PONTE, ZAIDA A
STREET ADDRESS	244 SE 8TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	GREENWOOD, EDITH
STREET ADDRESS	P.O. BOX 6261
CITY-ST-ZIP	FORT MYERS BEACH, FL 33932
TITLE	PD
NAME	PORTER, LAWRENCE
STREET ADDRESS	20 OCOA COURT/ JAMAICA BAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	TD
NAME	BRENNAN, ELEANOR
STREET ADDRESS	1084 BROAD AVE N
CITY-ST-ZIP	NAPLES, FL 341028103

000000652712
03/12/07-80029-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Eleanor M Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/07 239-263-1610