

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90064 043 \*\*\*\*61.25

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 701092</b>                       |  |
| 1. Entity Name<br><b>CALOOSA BIRD CLUB INC</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>1084 BROAD AVE N<br/>NAPLES, FL 34102-8103</b> | Mailing Address<br><b>1084 BROAD AVE N<br/>NAPLES, FL 34102-8103</b> |
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|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

02052008 Chg-NP CR2E037 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0630249</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>BRENNAN, ELEANOR M<br/>1084 BROAD AVE NORTH<br/>NAPLES, FL 34102-8103</b> |  |
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|                                                                                                                                             |  |
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| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                                     |                                        |                                                              |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPO<br>DAVIS, JUDITH<br>P.O. BOX 1724<br>SANIBEL, FL 33957 <input type="checkbox"/> Delete                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARBER, JOHN<br>12570 FLAMINGO DR.<br>FORT MYERS, FL 33908 <input type="checkbox"/> Delete                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PONTE, ZAIDA A<br>244 SE 8TH ST<br>CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GREENWOOD, EDITH<br>P.O. BOX 6261<br>FORT MYERS BEACH, FL 33932 <input checked="" type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>PORTER, LAWRENCE<br>20 OCOA COURT/ JAMAICA BAY<br>FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BRENNAN, ELEANOR<br>1084 BROAD AVE N<br>NAPLES, FL 341028103 <input type="checkbox"/> Delete                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Davis, Judith<br>PO Box 1724<br>Sanibel, FL 33957 <input checked="" 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        | D<br>Fontaine, Frank<br>3377 Shell Mound Blvd<br>Fort Myers Beach, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>White, Leon<br>PO Box 296<br>Alva, FL 33920 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>Schmidt, Gayle<br>9820 Ensign Court<br>Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" 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:** Eleanor M Brennan Eleanor M. Brennan 2/07/08 (239) 263-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #