

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90011 017 ****61.25

DOCUMENT # 727950
 1. Entity Name
CALOOSA BAYVIEW CONDOMINIUM ASSOCIATION, INCORPORATED



Principal Place of Business
**4282 ISLAND CIRCLE
 FT. MYERS, FL 33919**

Mailing Address
**4282 ISLAND CIRCLE
 STE A
 FT. MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE

40018306



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1070835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DAMIANO, BARBARA J
 4297B ISLAND CIRCLE
 FT. MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMIANO, BARBARA 4297 B ISLAND CIRCLE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, EILEEN 4289 D ISLAND CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNETT, JOAN 4291 E ISLAND CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLEEMAN, R C 4297 D ISLAND CIRCLE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, DAWN 4283 A ISLAND CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Barbara Damiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 239-481-7376
Date Daytime Phone #