

**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**

40018306



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1070835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAMIANO, BARBARA
STREET ADDRESS 4297 B ISLAND CIRCLE
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE D
NAME LOVE, EILEEN
STREET ADDRESS 4289 D ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE TD
NAME BARNETT, JOAN
STREET ADDRESS 4291 E ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VPD
NAME FLEEMAN, R C
STREET ADDRESS 4297 D ISLAND CIRCLE
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE SD
NAME LOVE, DAWN
STREET ADDRESS 4283 A ISLAND CIRCLE
CITY-ST-ZIP 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 J. Damiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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