


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-28-2007 90009 025 ****61.25

DOCUMENT # 731215					
1. Entity Name CALOOSA BAYVIEW CONDOMINIUM PHASE B ASSOCIATION, INCORPORATED.					
Principal Place of Business BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE FORT MYERS, FL 33919			Mailing Address BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-1068731 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAID, EDWARD BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE FORT MYERS, FL 33919			7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MPD</i> HOLTON, TRACY 4257 ISLAND CIR B FORT MYERS, FL 33919 <input type="checkbox"/> Delete <i>P</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DT</i> DELORES BOND CIRCLE 4257-C ISLAND CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S.T.</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD</i> RICHTER, FRED 4282 ISLAND CIRCLE, STE. B FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D-5</i> Rita DiSalvo 4282 Island Circle FL MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DS</i> CORDS, DELORES 4282 B ISLAND CIR FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Jackie Butler</i> 4282 Island Circle FL Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>STD</i> MURRAY, THERESA 4282 ISLAND CIR B S-T FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>T</i> MULKOY, JERRY 4288-B ISLAND CIR FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> KIMBELL, KAREN 4283-C ISLAND CIR FORT MYERS, FL 33919 <input type="checkbox"/> Delete <i>D.</i>	TITLE NAME STREET ADDRESS 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: <i>Deborah Cords</i>		Date: <i>2-19-07</i>		Daytime Phone #	

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