

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 008 \*\*\*\*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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**54-1068731**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
 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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HOLTON, TRACY	4257 ISLAND CIR B	FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
ST	CORDS DOLORES	4257-C ISLAND CIRCLE	FORT MYERS, FL 33919	<input type="checkbox"/>
D	DISALVO, RITA	4251 ISLAND CIRCLE	FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
D	BUTLER, JACKIE	528-I ISLAND CIRCLE	FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
D	KIMBELL, KAREN	4263-C ISLAND CIR	FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	VP GLEN VETTER	4303-D ISLAND CIRCLE	FT. MYERS, FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RD DOLORES CORDS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP TERESA MURPHY	4255-A ISLAND CIRCLE	FT. MYERS FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D MARK WERENBERG	4259-G ISLAND CIRCLE	FT. MYERS FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D MARY CAMP	4263-B ISLAND CIRCLE	FT. MYERS FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Theresa Mulroy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08 23944893809  
 Date Daytime Phone #