

731215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000209953380

07/25/11--01006--023 \*\*35.00

13 JUL 25 AM 11:05  
RECEIVED  
STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

*R.A. Chg.*  
C.COULLETTE

JUL 27 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CALOOSA Bayview Phase B Condominium Assn.  
Name of Corporation

**DOCUMENT NUMBER:** 731215

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD S. BRAID

Name of Contact Person

BRAID ASSOCIATION ART.

Firm/Company

9100 CLOVER LEAF CT.

Address

FT. MYERS, FL 33919

City/State and Zip Code

BRAID@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD S. BRAID

Name of Contact Person

at (239) 489-2209

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CALOUSA Bayview Condominium Phase B Association, Incorporated  
2. The principal office address: 4489 WINDJAMMER LANE  
FT. MYERS, FL 33919

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/27/1974 Document number: 731215

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BRAID ASSOCIATION Management  
4489 WINDJAMMER LANE  
FT. MYERS, FL 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRAID ASSOCIATION Management  
9100 GREENLEAF CT.  
FT. MYERS, FL 33919

P.O. Box NOT acceptable

11 JUL 25 AM 11:05

RECEIVED  
DIVISION OF CORPORATIONS  
STATE DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Delores Cord

Signature of an officer or director

DELOROS CORDS, TREASURER

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Edward Braid

Signature of Registered Agent

7-13-2011

Date

If signing on behalf of an entity:

EDWARD BRAID

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314