

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732393 (4)**

1. Corporation Name  
**CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON E, INC.**



Principal Place of Business <b>9854 CALOOSA YACHT &amp; RACQUET CLUB DR. FT MYERS FL 33919</b>	Mailing Address <b>9854 CALOOSA YACHT &amp; RACQUET CLUB DR. FT MYERS FL 33919</b>
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3. Date Incorporated or Qualified <b>04/08/1975</b>	3a. Date of Last Report <b>04/09/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1654480</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RICHARDSON, PATRICIA  
9854 CALOOSA YACHT & RACQUET CLUB DR.  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>V</del> <b>VENNELL, JANE</b>
STREET ADDRESS	<del>4</del> <b>4277-D ISLAND CIR</b>
CITY-ST-ZIP	<del>FT</del> <b>FT MYERS, FL 33900</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>IRBY, MARIANNE</b>
STREET ADDRESS	<b>4280-C ISLAND CIRCLE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE
NAME	<b>D'AMATO, DON</b>
STREET ADDRESS	<b>4270-D ISLAND CIRCLE</b>
CITY-ST-ZIP	<b>FT.MYERS FL</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE
NAME	<b>MOSHER, HOWARD</b>
STREET ADDRESS	<b>4285-A ISLAND CIRCLE</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE
NAME	<b>HOLMES, GEORGE</b>
STREET ADDRESS	<b>4275-D ISLAND CIR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THIESSEN, Irene</b>
1.3 STREET ADDRESS	<b>4272-B Island Circle</b>
1.4 CITY-ST-ZIP	<b>FT. Myers, FL 33919</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>S, D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>V, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/26/97** 941-433-276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0079434

CFR2037 (9/96)