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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 732393

1. Corporation Name

CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON E, INC.

Principal Place of Business

9854 CALOOSA YACHT & RACQUET CLUB DR.  
 FT MYERS FL 33919

Mailing Address

9854 CALOOSA YACHT & RACQUET CLUB DR.  
 FT MYERS FL 33919



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/08/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1654480

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME TD  
 STREET ADDRESS ROUX, CELESTE  
 CITY-ST-ZIP 1269-B ISLAND CIR  
 FT. MYERS FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME PD  
 STREET ADDRESS IRBY, MARIANNE  
 CITY-ST-ZIP 4280-C ISLAND CIRCLE  
 FT MYERS FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 STREET ADDRESS LINNVILLE, CECELIA  
 CITY-ST-ZIP 1269-C ISLAND CIR  
 FT.MYERS FL 33915

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VPD  
 STREET ADDRESS MOSHER, HOWARD  
 CITY-ST-ZIP 4265-A ISLAND CIRCLE  
 FT. MYERS FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME DS  
 STREET ADDRESS HOLMES, GEORGE  
 CITY-ST-ZIP 4275-D ISLAND CIR  
 FT MYERS FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Margaret Rouse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/198)