

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90118 030 \*\*\*\*61.25

**DOCUMENT # 732393**

1. Entity Name

**CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ON**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**6700 LONE OAK BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

4. FEI Number

**59-1654480**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34109**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BYRON ROSS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6700 LONE OAK BLVD**  
 City **NAPLES** FL **34109**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROUX, CELESTE	
STREET ADDRESS	1269-B ISLAND CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IRBY, MARIANNE	
STREET ADDRESS	4280-C ISLAND CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINNVILLE, CECELIA	
STREET ADDRESS	1269-C ISLAND CIR	
CITY-ST-ZIP	FT.MYERS FL 33915	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOSHER, HOWARD	
STREET ADDRESS	4265-A ISLAND CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLMES, GEORGE	
STREET ADDRESS	4275-D ISLAND CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY ROBINSON	
STREET ADDRESS	544 STONECROFT RD	
CITY-ST-ZIP	PERKASIE, PA 18944	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD COOPER	
STREET ADDRESS	5742 ROBEAT DRIVE	
CITY-ST-ZIP	BROOK PARK OH 44142-2117	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED PUGLIESE	
STREET ADDRESS	22 NORFOLK DR	
CITY-ST-ZIP	NORTHPORT NY 11768	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD MOSHER	
STREET ADDRESS	4265-A ISLAND CIRCLE DR	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Howard Mosher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00  
 Date

Daytime Phone #

CR2E037 (9/99)