
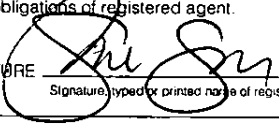
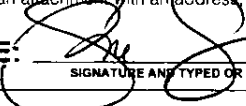


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90441 036 ****61.25

DOCUMENT # 732393					
1. Entity Name CALOOSA BAYVIEW HOMEOWNERS ASSOCIATION NUMBER ONE, INC.					
Principal Place of Business 9854 CALOOSA YACHT & RACQUET CLUB DR. FT MYERS, FL 33919			Mailing Address GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address DO Box 60847			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ft Myers FL		4. FEI Number 59-1654480	
Zip		Country 33906 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109			7. Name and Address of New Registered Agent Name: Shane Spry Street Address (P.O. Box Number is Not Acceptable): Sunset Management Group 12811 Kewwood Ln Suite 210 City: Fort Myers FL Zip Code: 33907		
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: 			DATE: 4/23/07		
Signature typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BERNARD, COOPER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4266 B ISLAND CIRCLE	CITY-ST-ZIP FT MYERS, FL 33919		NAME	STREET ADDRESS	
TITLE VPD	NAME FRED, PUGLIESE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4268H ISLAND CIRCLE	CITY-ST-ZIP FT MYERS, FL 33919		NAME	STREET ADDRESS	
TITLE TD	NAME GEROGE, HOLMES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4275D ISLAND CIRCLE	CITY-ST-ZIP FT. MYERS, FL 33919		NAME	STREET ADDRESS	
TITLE DS	NAME MENTZER, JOEANNE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4274B ISLAND CIRCLE	CITY-ST-ZIP FT MYERS, FL 33919		NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE: 4/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #: 239-333-1144		