


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90012 042 ****61.25

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|--|---|
| DOCUMENT # N06518 1. Entity Name CALOOSA BAYVIEW RECREATION ASSOCIATION, INC. |  |
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| Principal Place of Business 4282 ISLAND CIRCLE DR. SUITE C FT. MYERS, FL 33919 | Mailing Address 4282 ISLAND CIRCLE DR. SUITE C FT. MYERS, FL 33919 |
|---|---|

50002533



03042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2532039 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORDS, DEE 4257-C ISLAND DRIVE FT. MYERS, FL 33919 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PUGLIESE, FRED 4268 ISLAND CIRCLE FT. MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CORDS, DEE 4257 ISLAND CIR FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COOPER, BERNARD M. 4266 ISLAND CIR. FT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZUKOWSKI, JIM 4299 ISLAND CIRCLE FT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *James W. Zukowski* **JAMES ZUKOWSKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/11/08** Daytime Phone #: **239-415-1034**

ATTACHMENT

50063533
N06518



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2008

CALOOSA BAYVIEW RECREATION ASSOCIATION, INC.
4282 ISLAND CIRCLE DR.
SUITE C
FT. MYERS, FL 33919

SUBJECT: CALOOSA BAYVIEW RECREATION ASSOCIATION, INC.
Ref. Number: N06518

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 208A00019128