

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06518

FILED
Apr 18, 2009
Secretary of State

Entity Name: CALOOSA BAYVIEW RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

4282 ISLAND CIRCLE DR.
SUITE C
FT. MYERS, FL 33919

New Principal Place of Business:

4282 ISLAND CIRCLE DR
SUITE C
FT. MYERS, FL 33919

Current Mailing Address:

4282 ISLAND CIRCLE DR.
SUITE C
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2532039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDS, DEE
4257-C ISLAND DRIVE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

REPPERT, JAMES L BKP
13151 KINGS POINT DR
#11A
FT. MYERS, FL 33919 US

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: JAMES L REPPERT

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PUGLIESE, FRED
Address: 4268 ISLAND CIRCLE
City-St-Zip: FT. MYERS, FL 33919

Title: DT () Delete
Name: CORDS, DEE
Address: 4257 ISLAND CIR
City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete
Name: COOPER, BERNARD M
Address: 4266 ISLAND CIR.
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: ZUKOWSKI, JIM
Address: 4299 ISLAND CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PUGLIESE, FRED
Address: 4268 H ISLAND CIRCLE DR
City-St-Zip: FT MYERS, FL 33919

Title: D (X) Change () Addition
Name: DAMIANO, BARB
Address: 4297 B ISLAND CIRCLE DR
City-St-Zip: FT MYERS, FL 33919

Title: P (X) Change () Addition
Name: ZUKOWSKI, JIM
Address: 4299 A ISLAND CIRCLE DR.
City-St-Zip: FT MYERS, FL 33919

Title: T (X) Change () Addition
Name: VETTER, GLEN
Address: 4303 D ISLAND CIRCLE DR
City-St-Zip: FT MYERS, FL 33919

Title: S () Change (X) Addition
Name: SHEA, SHARON
Address: 4268 G ISLAND CIRCLE DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Change (X) Addition
Name: GISSE, ERIN
Address: 4261 C ISLAND CIRCLE DR
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L REPPERT

BKP

04/18/2009

Electronic Signature of Signing Officer or Director

Date