

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90024 033 \*\*\*\*61.25

**DOCUMENT # N24206**

1. Entity Name

CALOOSA SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5240 INDIAN CT  
SANIBEL FL 33957-1404  
US

Mailing Address

P O BOX 1003  
SANIBEL FL 33957-1404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AFFOURTIT, RENE J  
5240 INDIAN CT  
SANIBEL FL 33957-1404

Name

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

City

FL

Zip Code

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

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete  
NAME AFFOURTIT, RENE  
STREET ADDRESS 5240 INDIAN CT  
CITY-ST-ZIP SANIBEL FL

TITLE TD ☐ Delete  
NAME BRUMMER, JOHN G  
STREET ADDRESS 5290 CALOOSA END LANE  
CITY-ST-ZIP SANIBEL FL

TITLE P ☐ Delete  
NAME GIATTINI, MARC  
STREET ADDRESS 5270 INDIAN CT  
CITY-ST-ZIP SANIBEL FL

TITLE VD ☒ Delete  
NAME TAUB, LAURIE  
STREET ADDRESS 5235 INDIAN COURT  
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ Delete  
NAME COSTANZO, ANNE  
STREET ADDRESS 5297 PUNTA CALOOSA CT  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME WARNER, PETER  
STREET ADDRESS 5260 CALOOSA END LANE  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. AFFOURTIT 2/7/05 239-472-1541

Date

Daytime Phone #