

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N24206 1. Entity Name CALOOSA SHORES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5240 INDIAN CT SANIBEL, FL 33957-1404 US	Mailing Address P O BOX 1003 SANIBEL, FL 33957-1404 US
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 AFFOURTIT, RENE J 5240 INDIAN CT SANIBEL, FL 33957-1404	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

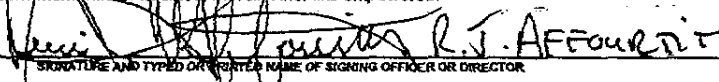
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AFFOURTIT, RENE 5240 INDIAN CT SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUMMER, JOHN G 5290 CALOOSA END LANE SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIATTINI, MARC 5270 INDIAN CT SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNER, PETER 5260 CALOOSA END LAND SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANZO, ANNE 5297 PUNTA CALOOSA SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000389383
01/23/06-80007-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 altogether like empowered.

SIGNATURE:  **R. J. Affourtit** 1/9/06 239-472-1541
Signature and typed or printed name of signing officer or director Date Daytime Phone #