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.

Principal Place of Business	Mailing Address
5240 INDIAN CT SANIBEL, FL 33957-1404 US	P O BOX 1003 SANIBEL, FL 33957-1404 US

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01092006 No Chg-NP CR2E037 (11/05)

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

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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)

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

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01/23/06-80007-012 61.25

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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: R.J. AFFOURTIT 1/9/06 239-472-1541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #