

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90152 026 ****61.25

DOCUMENT # N28768

1. Entity Name
CALOOSA ISLES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**9854 CALOOSA YACHT & RACQUET CLUB DR
FORT MYERS, FL 33919 US**

Mailing Address
**12650 WHITEHALL DR.
FORT MYERS, FL 33907 US**

40066301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0009870

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BENSON, MARK R
12650 WHITEHALL DR.
FORT MYERS, FL 33907**

Name **Vandall, Bonita D**

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

12650 Whitehall Dr.

City **Fort Myers,**

FL

Zip Code **33907**

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

B. D. Vandall

BONITA D. VANDALL

4-3-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **QUODOMINE, RICHARD**
STREET ADDRESS **9598 HALYARDS CT #14**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **STD** ☐ Delete
NAME **MURASSO, ALFRED**
STREET ADDRESS **9604 HALYARDS CT #11**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **VD** ☐ Delete
NAME **BRADLEY, RONALD**
STREET ADDRESS **9500 HALYARDS CT #23**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VD** ☒ Change ☐ Addition
NAME **Bradley, Ronald**
STREET ADDRESS **9920 Caloosa Y&R Club Dr.**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Richard A. Quodamine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 April 2007 239-4816459