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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755468 (6)
1. Corporation Name
CALUSA POINT ASSOCIATION, INC.

Principal Place of Business 14539 S.W. 119TH AVE MIAMI FL 33186	Mailing Address C/O MIAMI MANAGEMENT, INC. 14538 SW 119 AVE MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2138641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 14275 SW 142 AVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 c/o MIAMI MANAGEMENT Suite, Apt. #, etc. 27 14275 SW 142 AVE City & State 23 MIAMI FL Zip 24 33186	25. Country 25 USA	28. Mailing Address 28 MIAMI FL Zip 29 33186	30. Country 30 USA
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9. Name and Address of Current Registered Agent SIEGFRIED, KIPNIS R ET AL 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134		81. Name	10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME RAPPAPORT, STAN	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13350-D SW 90 TERRACE	CITY-ST-ZIP MIAMI FL	1.2 NAME COOK, TAMMY	
		1.3 STREET ADDRESS 13360 G SW 91 TR	
		1.4 CITY-ST-ZIP MIAMI FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME BERANTOVICH, JOE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13340-D SW 91 TERRACE	CITY-ST-ZIP MIAMI FL	2.2 NAME MAURY, RAMON	
		2.3 STREET ADDRESS 13361 B SW 88 TR	
		2.4 CITY-ST-ZIP MIAMI FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	NAME ROSENBERG, MEL	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9059-B SW 133 COURT	CITY-ST-ZIP MIAMI FL	3.2 NAME CORRELL, DAVID	
		3.3 STREET ADDRESS 8890 B SW 133 PL	
		3.4 CITY-ST-ZIP MIAMI FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME GRIFFITH, FRANK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13370-E SW 89 TERRACE	CITY-ST-ZIP MIAMI FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE SD	NAME HUMPHREY, BILL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13370-E SW 89 TERRACE	CITY-ST-ZIP MIAMI FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME ROSE, JAY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13350-A SW 90 TERRACE	CITY-ST-ZIP MIAMI FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-20-95** SYSTEM NUMBER: **345 576-1392**