

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755468 (6)
1. Corporation Name
CALUSA POINT ASSOCIATION, INC.



Principal Place of Business: **14275 SW 142 AVE MIAMI FL 33186 US**
Mailing Address: **%MIAMI MGMT INC 14275 SW 142 AVE MIAMI FL 33186 US**

3. Date Incorporated or Qualified: **12/09/1980**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2138641**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SIEGFRIED, KIPNIS R ET AL 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D VPD <input type="checkbox"/> DELETE	NAME: COOK, TAMMY	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: Maury, Ramon
STREET ADDRESS: 13360 G SW 91ST TERRACE	CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS: 13361 B SW 88 Terr.	1.4 CITY-ST-ZIP: Miami, Fl. 33186
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BERANTOVICH, JOE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
STREET ADDRESS: 13340-D SW 91 TERRACE	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: PD <input type="checkbox"/> DELETE	NAME: ROSENBERG, MEL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
STREET ADDRESS: 9059-B SW 133 COURT	CITY-ST-ZIP: MIAMI FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD <input type="checkbox"/> DELETE	NAME: GRIFFITH, FRANK	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
STREET ADDRESS: 13370-E SW 89 TERRACE	CITY-ST-ZIP: MIAMI FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: HUMPHREY, BILL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
STREET ADDRESS: 13370-E SW 89 TERRACE	CITY-ST-ZIP: MIAMI FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	NAME: ROSE, JAY	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS: 13350-A SW 90 TERRACE	CITY-ST-ZIP: MIAMI FL	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 119.07(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] **3-14-96** **388-7143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)