

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-2138641
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: SKRLD INC, 82 ALHAMBRA CR, 1102, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: Siegfried, Rivera, Lewis P.A., 201 Alhambra Circle #1102, Coral Gables, FL 33134

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: *Maria Herzbrun* (1-21-98)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, TAMMY	
STREET ADDRESS	13360 G SW 91ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAPPAPORT, PAM	
STREET ADDRESS	13350 D SW 90 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, MEL	
STREET ADDRESS	9059-B SW 133 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, FRANK	
STREET ADDRESS	13370-E SW 89 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAYLORD, PHIL	
STREET ADDRESS	13371-C SW 90 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oscar Marin	
1.3 STREET ADDRESS	13350 D SW 91 Terr	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	maritza Kavan	
2.3 STREET ADDRESS	13350 F SW 91 Terr	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria Herzbrun	
3.3 STREET ADDRESS	13370 D SW 91 Terr	
3.4 CITY-ST-ZIP	Miami FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Antonio Perez	
5.3 STREET ADDRESS	13360 F SW 90 Terr	
5.4 CITY-ST-ZIP	Miami, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Maria Herzbrun* (1-21-98)

CR2E037 (10/97)