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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755468

1. Corporation Name
CALUSA POINT ASSOCIATION, INC.

5053 NB 1/7/99

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
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2. Principal Place of Business 21	2a. Mailing Address 26 The Continental Group	3. Date Incorporated or Qualified 12/09/1980
Suite, Apt. #, etc. 22 13310 SW 88 Terr.	Suite, Apt. #, etc. 27 12079 SW 131 Avenue	4. FEI Number 59-2138641
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33186	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIEGFRIED, RIVERA L PA 201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MARIN, OSCAR 13350 DSW91 TERR MIAMI FL	1.1 TITLE	PD Garzon, Hammel 13370-C SW 91 Terr. Miami, FL 33186
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD KAVAU, MARITZA 13350 F SW 91 TERR MIAMI FL	2.1 TITLE	VD Lopez, Sharon 13311-D SW 88 Terr. Miami, FL 33186
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD HERZBRUN, MARIA 13370 D SW 89 TERR MIAMI FL	3.1 TITLE	TD Acosta, Christina 13321-F SW 88 Terr. Miami, FL 33186
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD GRIFFITH, FRANK 13370-E SW 89 TERRACE MIAMI FL	4.1 TITLE	SD Chirino, Maria 13340-E SW 90 Terr. Miami, FL 33186
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PEREZ, ANTONIA 13360 F SW 90 TERR MIAMI FL	5.1 TITLE	D Boxmeyer, Charles 9079- B SW 133 Ct. Miami, FL 33186
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 2/9/99 (305) 3867374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)