


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 043 ****61.25

DOCUMENT # 755468

1. Entity Name
CALUSA POINT ASSOCIATION, INC.



Principal Place of Business
**13310 SW 88TH TERR
 MIAMI, FL 33186 US**

Mailing Address
~~C/O L & B PROPERTY MGMT~~
~~13831 SW 59 ST, #207~~
~~MIAMI, FL 33183 US~~

00064000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
13310 SW 88 TERR
 Suite, Apt. #, etc.

07102006 Chg-NP CR2E037 (4/06)

City & State
MIAMI FL

4. FEI Number
59-2138641

Applied For
 Not Applicable

Zip
33186

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGFRIED, RIVERA L PA
 201 ALHAMBRA CIRCLE
 #1102
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PINO, JUAN M	
STREET ADDRESS	13380-B SW 91 TER	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOTO, ELIZABETH	
STREET ADDRESS	13370-F SW 90 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KONTZ, MARY	
STREET ADDRESS	13390 C S.W. 91 TERR.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUJOL, RICHARD V	
STREET ADDRESS	13391-F SW 91 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIDD, JORGE	
STREET ADDRESS	13361-A SW 88 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGGLI, STEPHEN	
STREET ADDRESS	8880-C SW 133 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, SHARON	
STREET ADDRESS	13311-D SW 88 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: STEPHEN MUGGLI V.P. Date: 8-3-06 Daytime Phone #: 305-386-7374