

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # 761048 (8)

1. Corporation Name
CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
8802 SW 130 CT 8802 SW 130 CT
MIAMI FL 33186 MIAMI FL 33186
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1981 3a. Date of Last Report 02/15/1994
4. FEI Number 59-2384482 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
#1102
CORAL GABLES FL 33134

81 Name
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIDY, MARTHA
STREET ADDRESS	13280 SW 88 LANE #201
CITY-ST-ZIP	MIAMI, FL 00000 FL
TITLE	VP
NAME	HARDING, JOHN
STREET ADDRESS	8888 SW 131 CT.#101
CITY-ST-ZIP	MIAMI, FL 00000 FL 33186
TITLE	AS
NAME	SNYDER, CHARLOTTE
STREET ADDRESS	13026 SW 88 TERRACE S
CITY-ST-ZIP	MIAMI, FL 00000 FL
TITLE	T
NAME	DEVEAUX, HARRY
STREET ADDRESS	8928 SW 128 CT.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	S
NAME	FEDERONIS, BRENDA
STREET ADDRESS	13076 SW 88 LANE S
CITY-ST-ZIP	MIAMI FL
TITLE	AT
NAME	CABALLERO, G
STREET ADDRESS	13038 SW 88 TER N
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12771 SW 108 St
1.4 CITY-ST-ZIP	MIAMI FL 33186
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33186
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	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GARCIA, FIRPO
5.3 STREET ADDRESS	13020 SW 88 TER SO
5.4 CITY-ST-ZIP	Miami FL 33186
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	33186
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)(b), 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 of this filing on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry DeVeaux, Treasurer

1/18/95

(305) 388-7476