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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 761048 (8)

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 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1981 02/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2384482 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ✓ Yes □ No. Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SKRLD, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 63 #1102 CORAL GABLES FL 33134 84 City 85 Zip Code 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 affice 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 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 DELETE 1.1 TITLE Change Addition REIDY, MARTHA 1.2 NAME 12771 SW 108 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 FL CITY - ST - ZiP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE 🔲 Change ■ Addition HARDING, JOHN NAME 22 NAME STREET ADDRESS 8888 SW 131 CT.#101 2.3 STREET ADDRESS MIAMI, FL 00000 FL 33186 CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE ☐ Addition 31 TITLE Change NAME SNYDER, CHARLOTTE 3.2 NAME 13026 SW 88 TERRACE S STREET ADDRESS 3 3 STREET ADDRESS MIAMI, FL 00000 FL CITY - ST - ZIP 3.4 CITY ST-ZIP DELETE TITLE Change 41 TITLE ☐ Addition NAME **DEVEAUX, HARRY** 4 2 NAME 8928 SW 128 CT. STREEL ADDRESS 4.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 44 CHY-ST-ZIP TITLE **X**DELETE ÀS Addition AS 5.1 TITLE Change GARCAI, FIRPO NAME 5.2 NAME LANSER, CHRISTIAN STREET ADDRESS 13020 SW 88 TER S 5.3 STREET ADDRESS 8824 SW 130 CT MIAM! FL CITY - ST-ZIP MIAMI FL 33186 5.4 CITY - ST - ZIP TITLE DELETE ΑT 6.1 TITLE Change Addition NAME LESOVSKY, JACKIE CABALLERO, G 6.2 NAME 13036 SW 88 TER N STREET ADDRESS 13015 SW 88 TER S 6.3 STREET ADDRESS. MIAMI FL DITY-ST-ZIP MIAMI FL 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on his 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 domporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

an attachment with an address

Harry DeVeaux, Treasurer

annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under proporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

1/22/96 385-6969

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