

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 23 1997 8:00am  
Secretary of State

DOCUMENT # 761048 (8)

1. Corporation Name

CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

8802 SW 130 CT  
MIAMI FL 33186  
US

8802 SW 130 CT  
MIAMI FL 33186-1749  
US

3. Date Incorporated or Qualified  
12/11/1981

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 14275 SW 142 AVE

26 14275 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33186

25

29 33186

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME REIDY, MARTHA  
STREET ADDRESS 12771 SW 108 ST  
CITY-ST-ZIP MIAMI, FL 00000 FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME HARDING, JOHN  
STREET ADDRESS 8888 SW 131 CT. #101  
CITY-ST-ZIP MIAMI, FL 00000 FL 33186 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SNYDER, CHARLOTTE  
STREET ADDRESS 13026 SW 88 TERRACE S  
CITY-ST-ZIP MIAMI, FL 00000 FL ☒ DELETE

3.1 TITLE S  
3.2 NAME LAWRENCE ROGERS  
3.3 STREET ADDRESS 948 NW 9 CT  
3.4 CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Change ☒ Addition

TITLE T  
NAME DEVEAUX, HARRY  
STREET ADDRESS 8928 SW 128 CT.  
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME LANSER, CHRISTIAN  
STREET ADDRESS 8824 SW 130 CT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

5.1 TITLE AT  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AT  
NAME LESOVSKY, JACKIE  
STREET ADDRESS 13015 SW 88 TER S  
CITY-ST-ZIP MIAMI FL ☒ DELETE

6.1 TITLE AS  
6.2 NAME LINDA GRAHAM  
6.3 STREET ADDRESS 8970 SW 128 CT  
6.4 CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☒ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Daytime Phone # 0033725

CR2E037 (9/96)