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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761048 (8)
1. Corporation Name
CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 8802 SW 130 CT MIAMI FL 33186 US	Mailing Address 8802 SW 130 CT MIAMI FL 33186-1749 US
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2. Principal Place of Business 21 14275 SW 142 AVE		2a. Mailing Address 26 14275 SW 142 AVE		3. Date Incorporated or Qualified 12/11/1981	3a. Date of Last Report 01/29/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2384482	Applied For <input type="checkbox"/> Not Applicable
23 City & State MIAMI FL		28 City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33186	25 Country	29 Zip 33186	30 Country	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 SKRLD, INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REIDY, MARTHA 12771 SW 108 ST MIAMI, FL 00000 FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP HARDING, JOHN 8888 SW 131 CT.#101 MIAMI, FL 00000 FL 33186	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SNYDER, CHARLOTTE 13026 SW 88 TERRACE S MIAMI, FL 00000 FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S LAWRENCE ROGERS
STREET ADDRESS		3.3 STREET ADDRESS	948 NW 9 CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	T DEVEAUX, HARRY 8928 SW 128 CT. MIAMI FL 33186	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS LANSER, CHRISTIAN 8824 SW 130 CT MIAMI FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	AT
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT LESOVSKY, JACKIE 13015 SW 88 TER S MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AS LINDA GRAHAM
STREET ADDRESS		6.3 STREET ADDRESS	8970 SW 128 CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33186

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:  **1/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033725

CR2E037 (9/96)