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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761048 *OK*

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

Principal Place of Business	Mailing Address
14275 SW 142 AVE MIAMI FL 33186	14275 SW 142 AVE MIAMI FL 33186

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	12/11/81
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2384482
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	30	\$8.75 Additional Fee Required
		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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDY, MARTHA	1.2 NAME	
STREET ADDRESS	13280 SW 88 Ln #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BETH	2.2 NAME	
STREET ADDRESS	13030 SW 88 LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIMONE, JOE	3.2 NAME	
STREET ADDRESS	12842 SW 88 TER N	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVEAUX, HARRY	4.2 NAME	
STREET ADDRESS	8928 SW 128 Ct	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, JULIE	5.2 NAME	
STREET ADDRESS	13018 SW 88 Ter So	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LINDA	6.2 NAME	
STREET ADDRESS	8970 SW 128 CT/MIAMI FL 33186	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Martha Reidy* *Martha Reidy* Date: 2/10/99 Daytime Phone #: (305) 378-0130

CR2E037 (1/98)