

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761048

1. Entity Name

CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION.

Principal Place of Business

14275 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

14275 SW 142 AVE
MIAMI FL 33186-6715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2384482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Carlos A. Triay, P.A.
Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Blvd
Coral Gables FL 33134
City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

January 26, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REIDY, MARTHA	
STREET ADDRESS	13280 SW 88 LN #201	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, SETH	
STREET ADDRESS	13030 SW 88 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	DESIMONE, JOE	
STREET ADDRESS	12842 SW 88 TERR N.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEVEAUX, HARRY	
STREET ADDRESS	8928 SW 128 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	AT	<input type="checkbox"/> Delete
NAME	EPSTEIN, JULIE	
STREET ADDRESS	13019 SW 88 TERRACE S.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GRAHAM, LINDA	
STREET ADDRESS	8970 SW 128 CT.	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Hains	
STREET ADDRESS	12900 SW 88 Ter N	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Reidy 1/26/00 305 378-0130

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90034 023 ****61.25



DO NOT WRITE IN THIS SPACE