

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761048

1. Entity Name

CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION,

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90038 031 ****61.25

Principal Place of Business

Mailing Address

14275 SW 142 AVE
MIAMI FL 33186
US

14275 SW 142 AVE
MIAMI FL 33186
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

TRIAY, CARLOS A PA
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 ☒ Delete
NAME REIDY, MARTHA
STREET ADDRESS 13280 SW 88 LN #201
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Change ☒ Addition
NAME VILAIRE, JACQUELINE
STREET ADDRESS 13051 SW 88 TER S
CITY-ST-ZIP MIAMI FL 33186

TITLE V ☐ Delete
NAME HAINS, PHYLLIS
STREET ADDRESS 12900 SW 88 TERR N
CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DESIMOB, JOE
STREET ADDRESS 12842 SW 88 TERR N.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME EPSTEIN, JULIE
STREET ADDRESS 13019 SW 88 TERRACE S.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME GRAHAM, LINDA
STREET ADDRESS 8970 SW 128 CT.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)