


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90212 049 \*\*\*\*61.25

<b>DOCUMENT # 761048</b>					
1. Entity Name <b>CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>14275 SW 142 AVE MIAMI FL 33186 US</b>		Mailing Address <b>14275 SW 142 AVE MIAMI FL 33186 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2384482</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRIAI, CARLOS A PA 999 PONCE DE LEON BLVD CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HAINS, PHYLLIS</b>		NAME		
STREET ADDRESS	<b>12900 SW 88 TERR N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DESIMONE, JOE</b>		NAME		
STREET ADDRESS	<b>12842 SW 88 TERR N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEVEAUX, HARRY</b>		NAME		
STREET ADDRESS	<b>8928 SW 128 CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>EPSTEIN, JULIE</b>		NAME		
STREET ADDRESS	<b>13019 SW 88 TERRACE S.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GRAHAM, LINDA</b>		NAME		
STREET ADDRESS	<b>8970 SW 128 CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33816</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED* **01.17.03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)