

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-21-2005 90047 024 ****61.25

DOCUMENT #761048					
1. Entity Name CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142 AVE MIAMI, FL 33186 US			Mailing Address 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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TRIAY, CARLOS A PA 10570 NWD 27 ST#103 MIAMI, FL 33172			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAINS, PHYLLIS		NAME		
STREET ADDRESS	12900 SW 88 TERR N		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DESIMONE, JOE		NAME		
STREET ADDRESS	12842 SW 88 TERR N		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DEVEAUX, HARRY		NAME		
STREET ADDRESS	8928 SW 128 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	EPSTEIN, JULIE		NAME		
STREET ADDRESS	13019 SW 88 TERRACE S		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRAHAM, LINDA		NAME		
STREET ADDRESS	8970 SW 128 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 to this report, with all other like empowered.					
SIGNATURE <i>[Signature]</i>			Date 07.15.05 305.385.6969 H.M.		
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR <i>[Signature]</i>					

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