

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755468

**Entity Name:** CALUSA POINT ASSOCIATION, INC.

**FILED**  
**Jan 12, 2013**  
**Secretary of State**  
**CC1346216858**

**Current Principal Place of Business:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010

**Current Mailing Address:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010 US

**FEI Number: 59-2138641**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name PEREZ, BELEN  
Address 790 WEST 20TH STREET  
City-State-Zip: HIALEAH FL 33010

Title PD  
Name LOPEZ, SHARON  
Address 790 WEST 20TH STREET  
City-State-Zip: HIALEAH FL 33010

Title D  
Name KIDD, JORGE  
Address 790 WEST 20TH STREET  
City-State-Zip: HIALEAH FL 33010

Title SD  
Name SILVEYRA, AIMEE  
Address 790 WEST 20TH STREET  
City-State-Zip: HIALEAH FL 33010

Title D  
Name LEAVITT, BRUCE  
Address 790 WEST 20TH STREET  
City-State-Zip: HIALEAH FL 33010

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRUCE LEAVITT**

**D**

**01/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date