

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761048

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**9119972783CC**

**Entity Name:** CALUSA CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

18001 OLD CUTLER RD  
SUITE 643  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18001 OLD CUTLER RD  
SUITE 643  
PALMETTO BAY, FL 33157 US

**FEI Number: 59-2384482**

**Certificate of Status Desired: No**

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

DALE C. GLASSFORD P.A.  
12908 SW 133RD COURT  
MIAMI, FL 33186 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: DALE C. GLASSFORD**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHAFFER, THOMAS  
Address 18001 OLD CUTLER ROAD  
643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name GREEN, STEPHEN  
Address 18001 OLD CUTLER ROAD  
643  
City-State-Zip: PALMETTO BAY FL 33157

Title S  
Name VAN SCHOUWEN TAYLOR,  
ANNEMARIE  
Address 18001 OLD CUTLER ROAD  
643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name WEINER, ROCHELLE  
Address 18001 OLD CUTLER RD  
SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name MARIA, LOPEZ  
Address 18001 OLD CUTLER RD  
SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name GUINNESS, GARY  
Address 18001 OLD CUTLER RD  
SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name ALMEIDA, JUAN  
Address 18001 OLD CUTLER RD  
SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title D  
Name ROJAS, JUAN  
Address 18001 OLD CUTLER RD  
SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

**Continues on page 2**

*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: SHAFFER , THOMAS**

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           AMARIS, GENEVIEVE  
Address        18001 OLD CUTLER RD  
                  SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title           DIRECTOR  
Name           ORTIZ, IRIS  
Address        18001 OLD CUTLER RD  
                  SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157

Title           VP  
Name           ARROYO, MANUEL  
Address        18001 OLD CUTLER ROAD  
                  SUITE 643  
City-State-Zip: PALMETTO BAY FL 33157