

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761048

**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**5753746496CC**

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

**Current Principal Place of Business:**

18001 OLD CUTLER RD  
SUITE 476  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18001 OLD CUTLER RD  
SUITE 476  
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**

**01/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WEINER, ROCHELLE  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name GUNNES, GARY  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name ALMEIDA, JUAN  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title PRESIDENT  
Name ROJAS, JUAN  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title VP  
Name MERINO, CRISTINA  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name DIAZ , ROBERT  
Address 18001 OLD CUTLER RD  
476  
City-State-Zip: PALMETTO BAY FL 33157

Title TREASURER  
Name PEREZ , IVIS  
Address 18001 OLD CUTLER RD  
476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name ECHEVERRI , STEVE  
Address 18001 OLD CUTLER RD  
476  
City-State-Zip: PALMETTO BAY FL 33157

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*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: JUAN ROJAS**

**PRESIDENT**

**01/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name CORTIZO, ANGIE  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name PARDO, EDWARD  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name SHAFFER, THOMAS  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name CRESPO, JESSE  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name TOMASETTI, KARIN  
Address 18001 OLD CUTLER RD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157