

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761048

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC2725131740****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

04/19/2018

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

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

Title	VP
Name	PEREZ, ALEX
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	IZADPANA, MOHAMED
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

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name ARROYO, MANUEL  
Address 18001 OLD CUTLER ROAD  
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

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