

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 046 ****61.25

DOCUMENT # 761049 1. Entity Name CALUSA CLUB VILLAGE CONDOMINIUM BLDG. B ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE. MIAMI, FL 33186			Mailing Address C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE. MIAMI, FL 33186		
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 59-2384476			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TRIAY, CARLOS A 999 PONCE DE LEON BLVD STE 1110 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name CARLOS A. TRIAY Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87TH AVE #100 City DORAL FL Zip Code 33178		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)					
Filing Fee is \$81.25 Due by May 1, 2006		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	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ZARANDY, GLORIA		NAME		
STREET ADDRESS	13280 SW 88 LANE 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAMIREZ, LUISA		NAME		
STREET ADDRESS	13280 SW 88 LANE, #201-B		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		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 exemptions contained in Chapter 119, 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 with an address, with all other like empowered.					
SIGNATURE: <i>Luisa Ramirez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/16/06 (305) 387 3500 Date Daytime Phone #		
<i>Jana Eugenia Morck</i>			305 408 74 55		