

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90064 020 ****61.25

DOCUMENT # N01000000414 1. Entity Name CALUSA COVE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931			Mailing Address 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931		
2. Principal Place of Business 16650 McGregor Blvd Suite, Apt. #, etc. Suite 103 City & State FORT MYERS, FL Zip 33908 Country USA		3. Mailing Address 16650 McGregor Blvd Suite, Apt. #, etc. Ste. 103 City & State FORT MYERS, FL Zip 33908 Country USA			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEOHANE, MARIE E 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16650 McGregor Blvd., Ste. 103 City FORT MYERS FL Zip Code 33908		
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 <u>Marie Keohane</u> DATE <u>4-19-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEOHANE, EDWARD L 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16650 McGregor Blvd, Ste. 103 FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORDERO, KARLENE A 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16650 McGregor Blvd, Ste. 103 FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEOHANE, MARIE E 19200 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16650 McGregor Blvd, Ste. 103 FORT MYERS, FL 33908	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marie Keohane</u> MARIE KEOHANE, TRS. <u>4/19/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04202004 Chg-NP CR2E037 (10/03)

(239) 590-9990