

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000414

FILED
Apr 21, 2006
Secretary of State

Entity Name: CALUSA COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEOHANE, MARIE E
16650 MCGREGOR BLVD.
STE. 103
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEOHANE, EDWARD L
Address: 16650 MCGREGOR BLVD., STE. 103
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: CORDERO, KARLENE A
Address: 16650 MCGREGOR BLVD., STE. 103
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: KEOHANE, MARIE E
Address: 16650 MCGREGOR BLVD., STE. 103
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: KEOHANE, MARK
Address: 16653 MCGREGOR BLVD STE 103
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEOHANE, MARK
Address: 16650 MCGREGOR BLVD STE 103
City-St-Zip: FORT MYERS, FL 33908

Title: D () Change (X) Addition
Name: KEOHANE, MICHAEL S
Address: 16650 MCGREGOR BLVD. STE 103
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE KEOHANE

STD

04/21/2006

Electronic Signature of Signing Officer or Director

Date