

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N01000000414	
1. Entity Name CALUSA COVE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 16650 MCGREGOR BLVD. STE. 103 FORT MYERS FL 33908	Mailing Address 16650 MCGREGOR BLVD. STE. 103 FORT MYERS FL 33908
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

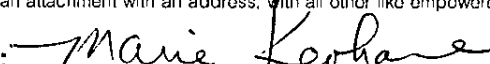
6. Name and Address of Current Registered Agent KEOHANE, MARIE E 16650 MCGREGOR BLVD. STE. 103 FORT MYERS FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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 reinstating)	DATE 4-20-07
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KEOHANE, EDWARD L 16650 MCGREGOR BLVD., STE. 103 FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CORDERO, KARLENE A 16650 MCGREGOR BLVD., STE. 103 FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD KEOHANE, MARIE E 16650 MCGREGOR BLVD., STE. 103 FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U000000752467 05/21/07-80017-022 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEOHANE, MARK 16650 MCGREGOR BLVD STE 103 FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEOHANE, MICHAEL S 16650 MCGREGOR BLVD. STE 103 FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE:  STD 4-20-07 239-590-9990
