

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006680

FILED
Jan 24, 2005
Secretary of State

Entity Name: CALUSA PARK ELEMENTARY P.T.O., INC.

Current Principal Place of Business:

4600 SANTA BARBARA BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

800 LAUREL OAK DR., STE 303
NAPLES, FL 34108

New Mailing Address:

4600 SANTA BARBARA BLVD
NAPLES, FL 34104

FEI Number: 52-2376692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, JOHN A
800 LAUREL OAK DRIVE, STE 303
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SHAFFER, JENNIFER
5741 DEAVILLE CIRCLE
F108
NAPLES, FL 34112 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: JENNIFER SHAFFER

01/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECHTOL, ANN M
Address: 733 CROSSFIELD CIR
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: GARNER, JOHN A
Address: 5096 LOCHWOOD CT
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: THRASHER, PATRICIA
Address: 4600 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: MCCOWAN, MARY
Address: 4600 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JENNIFER, SHAFFER
Address: 5741 DEAVILLE CIRCLE F108
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: POLIDORE, THERESA A
Address: 159 LADY PALM DR.
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition
Name: POZO, LAURIE
Address: 6608 BISHOPGATE LANE
City-St-Zip: NAPLES, FL 34104

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER SHAFFER

RA

01/24/2005

Electronic Signature of Signing Officer or Director

Date