


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90012 040 \*\*\*\*61.25

<b>DOCUMENT # N02000007079</b> 1. Entity Name <b>CALUSA CRUISE CLUB, INC.</b>					
Principal Place of Business <b>5080 PORPOISE PL. NEW PORT RICHEY, FL 34652-3019</b>			Mailing Address <b>PO BOX 459 ELFERS, FL 34680-0459</b>		
2. Principal Place of Business - No P.O. Box # <b>4900 ANCHOR WAY</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>NEW PORT RICHEY FL</b>		City & State  		4. FEI Number <b>36-4510077</b>	
Zip <b>34652</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATTERSON, HERBERT 6431 GARLAND CT NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name <b>DIANE RODANHISLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4900 ANCHOR WAY</b>  City <b>NEW PORT RICHEY FL</b> Zip Code <b>34652</b>		
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>George Knecht</u> <b>GEORGE KNECHT TREASURER</b> <b>03-16-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEBNER, VIC 5567 SEA FOREST DR, # 326 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REAR COMMODORE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEGAN, DICK 5149 GALLEON COURT NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VISE COMMODORE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JERRY CRAWFORD</b> <b>5419 DAHLGREN DR.</b> <b>NEW PORT RICHEY FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNECHT, GEORGE 3912 TOPSAIL TRAIL NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GEORGE KNECHT</b> <b>4420 WHITTON WAY</b> <b>NEW PORT RICHEY FL 34653</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, HERBERT 6431 GARLAND CT NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COMMODORE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIANE RODANHISLER</b> <b>4900 ANCHOR WAY</b> <b>NEW PORT RICHEY FL 34652</b>	
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	
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 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: <u>George Knecht</u> <b>GEORGE KNECHT</b> <b>03-16-08</b> <b>727-372-7950</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					