2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 25, 2006
Secretary of State

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Entity Name: CALUSA PALMS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

14788 CALUSA PALMS DRIVE
FORT MYERS, FL 33919

Current Mailing Address:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

% ALLIANT PROPERTY MANAGEMENT, LLC
6700 WINKLER RD. SUITE 2
FORT MYERS, FL 33919

FEI Number: 33-1085558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIAN PROPERTY MANAGEMENT
2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6700 WINKLER ROAD
SUITE 2
FORT MYERS, FL 33919 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: JOHN J. STROHM, CAM, CFPM 10/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CORNEAU, PETER R
Address: 2907 BAY TO BAY BOULEVARD #301
City-St-Zip: TAMPA, FL 33629 US

Title: VPD ( ) Delete
Name: CAMPBELL, JOHN
Address: 2907 BAY TO BAY BOULEVARD #301
City-St-Zip: TAMPA, FL 33629 US

Title: STD ( ) Delete
Name: FORKELL, DANIEL
Address: 2907 BAY TO BAY BLVD STE 301
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BALL, GENE T
Address: 14560 CALUSA PALMS DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VPD (X) Change ( ) Addition
Name: SHINGLER, BARRY
Address: 9619 MENDOCINO DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: STD (X) Change ( ) Addition
Name: LUDLAM, ERIN
Address: 14596 CRYSTAL PALMS DRIVE
City-St-Zip: TAMPA, FL 33919 US

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: JOHN J. STROHM, CAM, CFPM AGNT 10/25/2006
Electronic Signature of Signing Officer or Director Date