2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000001980

CALÚSA PALMS MASTER ASSOCIATION, INC.



FILED Mar 14, 2007 8:00 am Secretary of State

03-14-2007 90039 004 ****61.25

14788 CALUSA PALMS DRIVE % F Fort Myers, FL 33919 670		6700 WINKLER RD. SUIT	Mailing Address % Alliant Property Management, LLC 6700 Winkler RD. Suite 2 Fort Myers, FL 33919		1/10/10/10/10/10/10/10			1818 1844 884		
6719 WINKLER Rd 6		3. Mailing Address 6719 Wint	Mailing Address 6719 WINKLET Rd							
Suite, Apt. #, etc. Suutte 200		Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200		02232007 Ct	ng-NP	CR2E037	(12/06)		
Foet Myers, Fe		City & State FORT Myer	Fort Myers, Fe		4. FEI Number 33-1085558			_ 	plied For at Applicable	
Zip 339	719 Country USA	33919	Country		5. Certificate of St		Fe	B.75 Add e Required		
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New R	egistered Ag	ent		
	PROPERTY MANAGEMENT, L		Name							
6700 WINI SUITE 2	KLER ROAD					(P.O. Box Number is Not Acceptable)				
FORT MY	ERS, FL 33919		Sut							
				x+ 1	Myers		FL	Zip Code	3919	
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										
7	Filing Fee is \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
,	Due by May 1, 2007	Trust Fund Co	entribution.		Added to Fees	Flor	lda Departm	nent of St	tate	
10.	OFFICERS AND DIF		antribution.		Added to Fees					
		RECTORS	_		Added to Fees		R\$ AND DIRE			
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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:

Daytima Phone #