

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N03000001980

1. Entity Name
CALUSA PALMS MASTER ASSOCIATION, INC.



Principal Place of Business
**14788 CALUSA PALMS DRIVE
FORT MYERS, FL 33919**

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



2. Principal Place of Business - No P.O. Box #

6719 Winkler Rd

Suite, Apt. #, etc.

Suite 200

City & State
Fort Myers, FL

Zip
33919

Country
USA

3. Mailing Address

6719 Winkler Rd

Suite, Apt. #, etc.

Suite 200

City & State
Fort Myers, FL

Zip
33919

Country
USA

02232007

Chg-NP

CR2E037 (12/06)

4. FEI Number
33-1085558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MANAGEMENT, LLC
6700 WINKLER ROAD
SUITE 2
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6719 Winkler Rd.

Suite 200

City

Fort Myers

FL

Zip Code

33919

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

**Filing 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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BALL, GENE T
14560 CALUSA PALMS DRIVE
FORT MYERS, FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHINGLER, BARRY
9619 MENDOCINO DRIVE
FORT MYERS, FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LUDLAM, ERIN
14596 CRYSTAL PALMS DRIVE
TAMPA, FL 33919** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Barry Schupp
14531 Calusa Palms Dr.
Fort Myers, FL 33919** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Larry Kosilla
14712 Calusa Palms Dr # 104
Fort Myers, FL 33919** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Chuck Eno
14738 Calusa Palms # 103
Fort Myers, FL 33919** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Gene T Ball **GENE BALL** 3/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #