2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90180 031 ****61.25

DOCUMENT # N03000001980

1. Entity Name
CALUSA PALMS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~6719 WINKLER RD.~~ ~~SUITE 200~~ ~~FORT MYERS, FL 33919~~	~~6719 WINKLER RD.~~ ~~SUITE 200~~ ~~FORT MYERS, FL 33919~~

04242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16681 McGregor Blvd	16681 McGregor Blvd
Suite, Apt. #, etc.: #104	Suite, Apt. #, etc.: #104
City & State: Ft Myers FL	City & State: Ft Myers FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

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	7. Name and Address of New Registered Agent
~~ALLIANT PROPERTY MANAGEMENT, LLC~~ ~~6710 WINKLER RD.~~ ~~SUITE 200~~ ~~FORT MYERS, FL 33919~~	Name: Top Management of SW Fl., Inc. Street Address (P.O. Box Number is Not Acceptable): 16681 McGregor Blvd #104 City: Ft Myers FL Zip Code: 33908

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: x Khalid Valentine x April 28, 2008
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ BALL, GENE T 14560 CALUSA PALMS DRIVE FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director@Large	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~SHINGLER, BARRY~~ ~~9819 MENDOCINO DRIVE~~ ~~FORT MYERS, FL 33919~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Kristi Kegel 14752 Calusa Palm Dr #204 Ft Myers FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~SCHUPP, BARRY~~ ~~14531 CALUSA PALMS DR.~~ ~~TAMPA, FL 33919~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ KOSILLA, LARRY 14712 CALUSA PALMS DR., 104 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SP~~ END, CHUCK 14738 CALUSA PALMS DR., 103 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: X [signature] x 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #