

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001980

FILED
Apr 19, 2011
Secretary of State

Entity Name: CALUSA PALMS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957 US

Current Mailing Address:

4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 US

New Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

FEI Number: 33-1085558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETAI & ASSOCIATES, P.A.
4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MACKESY, STEVEN
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957 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: STEVEN MACKESY

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KOSILLA, LAWRENCE
Address: 9700 MENDOCINO DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: SHINGLER, BARRY
Address: 9619 MENDOCINO DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: T
Name: URQUHART, STAN
Address: 14782 CALUSA PALMS DRIVE, #101
City-St-Zip: FORT MYERS, FL 33919

Title: S
Name: HARKER, JOHN L
Address: 1099 NORTHAMPTON ST I-H
City-St-Zip: HOLYOKE, MA 01040

Title: D
Name: PARKER, GARY
Address: 120 IRVINGTON ROAD
City-St-Zip: BARNEGAT, NJ 08005

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE KOSILLA

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date