



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90056 018 ****61.25

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DOCUMENT # N03000008452 1. Entity Name CALUSA PALMS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908			Mailing Address 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908		
2. Principal Place of Business 6025 Taylor Rd Suite, Apt. #, etc. #2		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. #2			
City & State Punta Gorda FL		City & State Punta Gorda FL		4. FEI Number 33-1085557	
Zip 33950		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEGASUS PROPERTY MANAGEMENT 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Road, Suite 2 City Punta Gorda FL 33950	
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 <u>Sherry Danks</u> 3-2-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP KELLEY, EUGENE 14830 CALUSA PALMS DR #102 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Faith Gallie 14794 Calusa Palms Dr #204 Ft Myers FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARLAND, TRACY 14830 CALUSA PALMS DR #201 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brenda Hess 14830 Calusa Palms Dr #104 Ft Myers FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP P KELLEY, VICKI 14830 CALUSA PALMS DR #102 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vicki L. Kelley Vicki L. Kelley President 2/28/06 239-482-2260</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					