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Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90020 002 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54061399

DOCUMENT # N03000009034

1. Entity Name
CALUSA ISLAND VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103	4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103

2. Principal Place of Business	3. Mailing Address
5130 MAIN St.	5130 MAIN St.
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.: Suite 6
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

07072004 Chg-NP CR2EO07 (10/03)

4. FEI Number: 20-1334608 ☐ 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
SALVATORE, LEO J 4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when changing.

Filing Fee is $61.25 Due by September 8, 2004	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	PD REED, ROBERT M II 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELBECK, BARBARA 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SELBECK, BARBARA 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(i), 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, added, or deleted.

SIGNATURE: Robert M. Reed II 7/1/04 842-2990
Signature and Type or Printed Name of Individual Authorized Date Daytime Phone #

P.2

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