

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009034

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



Principal Place of Business
5130 MAIN STREET - SUITE 6
NEW PORT RICHEY, FL 34652

Mailing Address
5130 MAIN STREET - SUITE 6
NEW PORT RICHEY, FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (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

SALVATORE, LEO J
4001 TAMiami TRAIL NORTH, SUITE 330
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name *Salvatore & Wood, P.L.L.C.*
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite 330
City *Naples* FL Zip Code *34103*

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, 2005

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 PD
NAME REED, ROBERT M II ☐ Delete
STREET ADDRESS 5130 MAIN ST., SUITE #6
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE SD
NAME SELBECK, BARBARA ☐ Delete
STREET ADDRESS 5130 MAIN ST., SUITE #6
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TD
NAME SELBECK, BARBARA ☐ Delete
STREET ADDRESS 5130 MAIN ST., SUITE #6
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500049680095
CITY-ST-ZIP 04/01/05--01063--003 **445.00

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

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

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/05

Daytime Phone #

FILED
F5
505 MAR 21 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

