

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90031 009 \*\*\*\*61.25

<b>DOCUMENT # N03000009034</b>					
<b>1. Entity Name</b> CALUSA ISLAND VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104			<b>Mailing Address</b> C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O SPINNAKER CAY MNS PO Box 2397 City & State MARCO ISLAND, FL Zip 34146 Country COLLIER		<b>3. Mailing Address</b> C/O SPINNAKER CAY MNS PO Box 1808 City & State MARCO ISLAND, FL Zip 34146 Country COLLIER			
<b>4. FEI Number</b> 20-1334608				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104			<b>7. Name and Address of New Registered Agent</b> Name: <u>TONY ANDRADE</u> Street Address (P.O. Box Number is Not Acceptable): New → <u>601 Elckam Circle # B-7</u> City: <u>MARCO ISLAND</u> FL Zip Code: <u>34145</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>TONY ANDRADE</u> DATE: <u>7-10-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEHRING, WILLIAM 421 MORNINGSTAR DRIVE WICHITA, KS 67218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>421 MORNINGSTAR DRIVE</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLELAND, EARL P O BOX 715 GOODLAND, FL 34140	<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	D TERMINI, JOE P O BOX 627 GOODLAND, FL 34140	<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	[Empty]	<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	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William Behring</u> <u>WILLIAM BEHRING</u> <u>7/10/08</u> <u>239-142-8872</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					