

FILED

05 MAR 21 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009035				FILED	
1. Entity Name CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.				05 MAR 21 PM 4:20	
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652		Mailing Address 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652			
2. Principal Place of Business		3. Mailing Address		01042005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0672842	
City & State		City & State		☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	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	
SALVATORI, LEO J 4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103				Name <u>Salvatori & Wood, P.C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4001 Tamiami Trail North</u> <u>Suite 330</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34103</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ \$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	300049680148 04/01/05--01063--003 **445.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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	STD THOMAS, KEVIN 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, 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 Date Daytime Phone #	