2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009035

1. Entity Name
CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0672842
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000433584
02/24/06-80021-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REED, ROBERT M II
STREET ADDRESS	5130 MAIN ST., SUITE #6
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VD
NAME	SELBECK, BARBARA
STREET ADDRESS	5130 MAIN ST., SUITE #6
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	STD
NAME	THOMAS, KEVIN
STREET ADDRESS	5130 MAIN ST., SUITE #6
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #