

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009035

FILED
Apr 20, 2007
Secretary of State

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

Current Principal Place of Business:

5130 MAIN ST., SUITE #6
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

Current Mailing Address:

5130 MAIN ST., SUITE #6
NEW PORT RICHEY, FL 34652

New Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

FEI Number: 20-0672842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

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.

SIGNATURE: GLENN CARROLL

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, ROBERT M II
Address: 5130 MAIN ST., SUITE #6
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: SELBECK, BARBARA
Address: 5130 MAIN ST., SUITE #6
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD () Delete
Name: THOMAS, KEVIN
Address: 5130 MAIN ST., SUITE #6
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEHRING, WILLIAM
Address: 421 MORNINGSTAR DRIVE
City-St-Zip: WITCHITA, KS 67218

Title: D (X) Change () Addition
Name: SMITH, JAMES
Address: P O BOX 321
City-St-Zip: GOODLAND, FL 34140

Title: D (X) Change () Addition
Name: GWINN, BARRY
Address: P O BOX 806
City-St-Zip: GOODLAND, FL 34140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date