

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90031 008 ****61.25

DOCUMENT # N03000009035			
1. Entity Name CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		Mailing Address C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # C/O SPINNAKER CAY PO Box 2397 City & State MACCO ISLAND, FL Zip 34146 Country Collier		3. Mailing Address C/O SPINNAKER CAY PO Box 1808 City & State MACCO ISLAND, FL Zip 34146 Country Collier	
4. FEI Number 20-0672842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		7. Name and Address of New Registered Agent Name: <u>Tony Andrade</u> Street Address (P.O. Box Number is Not Acceptable): 601 Elcam Circle # B-7 City: <u>MACCO ISLAND</u> FL Zip Code: <u>34145</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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		TONY ANDRADE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
JULY 10, 2008 <small>DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 BEHRING, WILLIAM 421 MORNINGSTAR DRIVE WICHITA, KS 67218 <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 SMITH, JAMES P O BOX 321 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 GWINN, BARRY P O BOX 806 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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		July 10, 2008 239-642-8872 <small>Date Daytime Phone #</small>	