


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90031 010 ****61.25

DOCUMENT # N04000006793	
1. Entity Name CALUSA ISLAND VILLAGE TWO CONDOMINIUM 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
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2. Principal Place of Business - No P.O. Box # C/O SPINNACOR CAY PO Box 2397 MARCO ISLAND, FL 34146	3. Mailing Address C/O SPINNACOR CAY PO Box 81808 MARCO ISLAND, FL 34146
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07092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	
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7. Name and Address of New Registered Agent	
Name TONY ANDRADE	
Street Address (P.O. Box Number is Not Acceptable) 601 ELKCAM CIRCLE #B-7	
City MARCO ISLAND	FL 34145

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  **TONY ANDRADE** **JULY 10, 2008**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DP SMITH, JAMES 258 WINDSOR TERRACE NASHVILLE, TN, 37221 <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	TD LARSEN, PAUL P O BOX 246 RAINIER, MN 56669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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:  **JAMES SMITH** **JULY 10, 2008** 239-642-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #