

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90031 011 \*\*\*\*61.25

<b>DOCUMENT # N04000006795</b>			
<b>1. Entity Name</b> CALUSA ISLAND VILLAGE THREE CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		<b>Mailing Address</b> C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	
<b>2. Principal Place of Business - No P.O. Box #</b> C/O SPINNAKER CAY PO BOX 2397 City & State: MARCO ISLAND, FL Zip: 34146 Country: Collier		<b>3. Mailing Address</b> C/O SPINNAKER CAY PO BOX 1808 City & State: MARCO ISLAND, FL Zip: 34146 Country: Collier	
<b>4. FEI Number</b> 20-1362186		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GLENN CARROLL 265 AIRPORT RD S NAPLES, FL 34104		<b>7. Name and Address of New Registered Agent</b> Name: TONY ANDRADE Street Address (P.O. Box Number is Not Acceptable): 601 ELKAM CIRCLE # B-7 City: MARCO ISLAND FL Zip Code: 34145	
<b>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.</b>			
SIGNATURE: <small>Signature, typed or printed name of registered agent and date if applicable.</small>		TONY ANDRADE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
JULY 10, 2008 <small>DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: PD NAME: GWINN, BARRY STREET ADDRESS: P O BOX 806 CITY-ST-ZIP: GOODLAND, FL 34140	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DAILY, CHRISTOPHER STREET ADDRESS: P O BOX 245 CITY-ST-ZIP: GOODLAND, FL 34140	<input checked="" type="checkbox"/> Delete	TITLE: NAME: HENRY MCPHERSON STREET ADDRESS: 1182 ODLIN ROAD CITY-ST-ZIP: HERMON, ME 04401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: VALLIERE, CHARLES STREET ADDRESS: 77 BAILEY ROAD CITY-ST-ZIP: DRACUT, MA 01826	<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
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<b>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.</b>			
SIGNATURE:		BARRY GWINN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
JULY 10, 2008		239-642-8872 <small>Daytime Phone #</small>	