2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007547

FILED Apr 23, 2009 Secretary of State

Entity Name: CALUSA PALMS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16681 MCGREGOR #104 11595 KELLY ROAD

FT MYERS, FL 33908 SUITE 122

FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

16681 MCGREGOR #104 11595 KELLY ROAD

FT MYERS, FL 33908 SUITE 122

FORT MYERS, FL 33908

FEI Number: 20-1872190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOP MANAGEMENT
16681 MCGREGOR BLVD
11595 KELLY ROAD

SUITE 104 SUITE 122

FT. MYERS, FL 33908 US FORT MYERS, FL 33908 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: KRISTI ANNE VALENTINE 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change () Addition

Name: MOREHOUSE, DAVE Name: URQUHART, STAN
Address: 8725 BANYAN BAY BLVD Address: 14782 CALUSA PLAMS DRIVE #101

City-St-Zip: FORT MYERS, FL 33906 City-St-Zip: FORT MYERS, FL 33919

Title: STD () Delete Title: S (X) Change () Addition

Name: BROWN, PATRICIA Name: MILINAZZO, MICHAEL
Address: 14776 CALUSA PALMS DR #104 Address: 14788 CALUSA PALMS DRIVE #101

City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete Title: VPT (X) Change () Addition

 Name:
 MILINAZZO, MICNAEH
 Name:
 COULTER, ROY

 Address:
 14788 CALUSA PALMS DR
 Address:
 14776 CALUSA PALMS DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: STAN URQUHART P 04/23/2009