


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90378 022 \*\*\*\*61.25

<b>DOCUMENT # N04000009070</b> 1. Entity Name <b>CALUSA PALMS V CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 W. SR 4343 SUITE 5000 LONGWOOD, FL 32779-5044</b>			Mailing Address <b>3050 N HORSESHOE DRIVE STE 275 NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # <b>KRAMER-TRIAD MNGMT LLC</b>		3. Mailing Address <b>SUITE 275</b>			
Suite, Apt. #, etc. <b>3050 N. HORSESHOE DR</b>		Suite, Apt. #, etc. <b>SUITE 275</b>			
City & State <b>NAPLES, FLORIDA</b>		City & State <b>NAPLES, FLORIDA</b>			
Zip <b>34104</b>		Country <b>COLLIER</b>		Zip <b>34104</b>	
Country <b>COLLIER</b>		4. FEI Number <b>20-1872638</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GARDOMER, STEVE 14758 CALUSA PALMS DRIVE STE 203 FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name: <b>KRAMER-TRIAD MANAGEMENT CO. LLC</b> Street Address (P.O. Box Number is Not Acceptable): <b>3050 N. HORSESHOE DR. ST. 275</b> City: <b>NAPLES</b> FL Zip Code: <b>34104</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GARDINAR, STEVE <input type="checkbox"/> Delete 14758 CALUSA PALMS DRIVE STE 203 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY- ST- ZIP	GARDINER, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KUNZ, KOTJA <input type="checkbox"/> Delete 14758 CALUSA PALMS DR #202 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY- ST- ZIP	KUNZ, KATJA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SPRAFIMOUICH, TATYANA <input type="checkbox"/> Delete 14752 CALUSA PALMS DRIVE STE 202 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY- ST- ZIP	SERAFIMOVICH, Tatyana <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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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:</b> <i>John F. Pendola Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			John F. Pendola Sr. Date: <b>4/25/08</b> Daytime Phone #: <b>239-263-1157</b>		

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04032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1872638

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDOMER, STEVE  
14758 CALUSA PALMS DRIVE STE 203  
FORT MYERS, FL 33919

Name: KRAMER-TRIAD MANAGEMENT CO. LLC  
Street Address (P.O. Box Number is Not Acceptable): 3050 N. HORSESHOE DR. ST. 275  
City: NAPLES FL Zip Code: 34104

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

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 May 1, 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #