## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009070

FILED Apr 08, 2009 Secretary of State

Entity Name: CALUSA PALMS V CONDOMINIUM ASSOCIATION, INC.

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

2180 W. SR 4343 C/O BENSON'S, INC.
SUITE 5000 12650 WHITEHALL DR
LONGWOOD, FL 327795044 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

3050 N HORSESHOE DRIVE STE 275 C/O BENSON'S, INC.
NAPLES, FL 34104 12650 WHITEHALL DR
FORT MYERS, FL 33907

FEI Number: 20-1872638 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:

KRAMER - TRIAD MANAGEMENT CO. LLC

3050 N. HORSESHOE DR. ST 275

NAPLES, FL 34104 US

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: BONITA D. VANDALL 04/08/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CH

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: GARDINER, STEVE Name: GARDINER, STEVE
Address: 14758 CALUSA PALMS DRIVE STE 203 Address: 14758 CALUSA PALMS DRIVE STE 203

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

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

Name: KUNZ, KATJA Name: KUNZ, KATJA

 Address:
 14758 CALUSA PALMS DR #202
 Address:
 14758 CALUSA PALMS DR #202

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

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SERAFIMOVICH, TATYANA
 Name:

 Address:
 14752 CALUSA PALMS DRIVE STE 202
 Address:

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

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: STEVE GARDINER PRES 04/08/2009