

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90052 042 \*\*\*\*61.25

<b>DOCUMENT # N04000009071</b> 1. Entity Name <b>CALUSA PALMS IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>17595 S TAMiami TRAIL SUITE 100 FT MYERS, FL 33903</b>			Mailing Address <b>17595 S TAMiami TRAIL SUITE 100 FT MYERS, FL 33903</b>		
2. Principal Place of Business <b>2907 Bay to Bay Blvd.</b> Suite, Apt., #, etc. <b>Suite 301</b> City & State <b>Tampa, FL</b> Zip <b>33629</b>		3. Mailing Address <b>2907 Bay to Bay Blvd.</b> Suite, Apt., #, etc. <b>Suite 301</b> City & State <b>Tampa, FL</b> Zip <b>33629</b>		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">50012659</div>	
01052005    Chg-NP    CR2E037 (10/03)		4. FEI Number <b>20-18725516</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>CAMPBELL, JOHN 2907 BAY TO BAY BLVD #301 TAMPA, FL 33629</b>	
7. Name and Address of New Registered Agent Name <b>CT Corporation Systems</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> <b>Suite 250</b> City <b>Plantation</b> FL    Zip Code <b>33324</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 <b>Lauren Greco</b> <b>Assistant Secretary</b> <b>1/7/05</b> <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, 2005</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	D MORRIS, JON 2907 BAY TO BAY BLVD #301 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Peter R. Comeau 2907 Bay to Bay Blvd. Ste. 301 Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JOHN 2907 BAY TO BAY BLVD #301 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNOW, THOMAS 2907 BAY TO BAY BLVD #301 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Daniel Forkell 2907 Bay to Bay Blvd. Ste. 301 Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" 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		
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		
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 exemption stated in Section 119.07(3)(i), 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: <b>Peter R. Comeau</b> <b>Peter R. Comeau</b> <b>1-11-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

813-835-9200