2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N04000009071

Entity Name: CALUSA PALMS IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TOP MGMT
16681 MCGREGOR BLVD #104
FORT MYERS, FL 33908

New Principal Place of Business:

TOP MANAGEMENT OF SW FLORIDA INC
11595 KELLY ROAD SUITE 122
FORT MYERS, FL 33908

Current Mailing Address:

TOP MGMT
16681 MCGREGOR BLVD #104
FORT MYERS, FL 33908

New Mailing Address:

TOP MANAGEMENT OF SW FLORIDA INC
11595 KELLY ROAD SUITE 122
FORT MYERS, FL 33908

FEI Number: 20-1872556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOP MGMT
16681 MCGREGOR BLVD #104
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

TOP MANAGEMENT OF SW FLORIDA INC
11595 KELLY ROAD SUITE 122
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 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: PROCHILO, DOMINIC
Address: 14763 CALUSA PALMS DR. #103
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete
Name: BRIDICK, DON
Address: 14757 CALUSA PALMS DR. #203
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: BLAKE, DELORES
Address: 14757 CALUSA PALMS DR #202
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DON BRIDICK P 04/16/2009
Electronic Signature of Signing Officer or Director Date