

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 024 \*\*\*\*61.25

<b>DOCUMENT # N05000003604</b> 1. Entity Name <b>CALUSA PALMS VII CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3050 HORSESHOE DR. N. 275 NAPLES, FL 34104</b>			Mailing Address <b>3050 HORSESHOE DR. N. 275 NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # <b>16681 McGregor Blvd</b>		3. Mailing Address <b>16681 McGregor Blvd</b>			
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc. <b>#104</b>			
City & State <b>Fort Myers FL</b>		City & State <b>Ft Myers FL</b>			
Zip <b>33908</b>		Country <b>Lee</b>		Zip <b>33908</b>	
Country <b>Lee</b>		Country <b>Lee</b>			
6. Name and Address of Current Registered Agent  <b>WELSH, CHARLES 14721 CALUSA PALMS DRIVE #202 FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name <b>TOP Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>16681 McGregor Blvd #104</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33908</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning)</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	<b>P</b> <b>WELSH, CHARLES</b> <b>414 E 15TH AVE</b> <b>N. WILWOOD, NJ 08260</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRGAS</b> <b>Jerome Gallagher</b> <b>14735 Calusa Palms Dr</b> <b>Ft Myers, FL 33919</b> <b>Treasurer</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOIA, JOHN</b> <b>229 WEST 8TH AVENUE</b> <b>N. WILWOOD, NJ 08260</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAUNIARD, ROGER</b> <b>14735 CALUSA PALMS DR #203</b> <b>FORT MYERS, FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 R. Davis</i>			<b>04-18-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		