

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003604

FILED
Apr 16, 2009
Secretary of State

Entity Name: CALUSA PALMS VII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16681 MCGREGER BLVD.
#104
FORT MYERS, FL 33908

New Principal Place of Business:

11595 KELLY ROAD
#122
FORT MYERS, FL 33908

Current Mailing Address:

16681 MCGREGER BLVD.
#104
FORT MYERS, FL 33908

New Mailing Address:

11595 KELLY ROAD
#122
FORT MYERS, FL 33908

FEI Number: 20-2717991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOP MANAGEMENT
16681 MCGREGER BLVD
#104
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

TOP MANAGEMENT OF SW FLORIDA INC
11595 KELLY ROAD
#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: T () Delete
Name: GALLAGHER, JEROME
Address: 14735 CALUSA PALM DR.
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: IOIA, JOHN
Address: 229 WEST 8TH AVENUE
City-St-Zip: N. WILDWOOD, NJ 08260

Title: S () Delete
Name: KAUNIARD, ROGER
Address: 14735 CALUSA PALMS DR #203
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: IOIA, JOHN
Address: 229 WEST 8TH AVENUE
City-St-Zip: N. WILDWOOD, NJ 08260

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: JOHN IOIA

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date