

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003605

FILED
Apr 14, 2009
Secretary of State

Entity Name: CALUSA PALMS VI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TOP MANAGEMENT OF SW FL, INC.
16681 MCGREGOR BLVD, #104
FT MYERS, FL 33908

New Principal Place of Business:

CALUSA PALMS VI
14732 CALUSA PALMS DRIVE
FT MYERS, FL 33919

Current Mailing Address:

TOP MANAGEMENT OF SW FL, INC.
16681 MCGREGOR BLVD, #104
FT MYERS, FL 33908

New Mailing Address:

DETAI & ASSOCIATES
4061 BONITA BEACH RD # 201
BONITA SPRINGS, FL 34134

FEI Number: 20-2718279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOP MANAGEMENT OF SW FL, INC.
16681 MCGREGOR BLVD
#104
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

DETAI & ASSOCIATES
4061 BONITA BEACH RD
201
BONITA SPRINGS, FL 34134 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: DON TALIAFERRO

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: KOSILLA, LARRY
Address: 14712 CALUSA PALMS DRIVE #104
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: FERKEL, SUSAN
Address: 14726 CALUSA PALMS DR #103
City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete
Name: CHARLES, ENO
Address: 14738 CALUSA PALMS DR #103
City-St-Zip: FORT MYERS, FL 33919

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: LARRY KOSILLA

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date