

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005803

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CALUSA COVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7320 GRIFFIN ROAD SUITE 109  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

7320 GRIFFIN ROAD SUITE 109  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 20-3085459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KALIS, NEAL  
7320 GRIFFIN ROAD SUITE 109  
%KALIS & KLEIMAN, P.A.  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** KALIS, NEAL  
**Address:** 7320 GRIFFIN ROAD SUITE 109  
**City-St-Zip:** DAVIE, FL 33314

**Title:** DVP  
**Name:** KALIS, JO-ELLEN  
**Address:** 2972 WENTWORTH  
**City-St-Zip:** WESTON, FL 33332

**Title:** DST  
**Name:** CAPHTON, PATRICIA  
**Address:** 16040 SE 27TH PLACE ROAD  
**City-St-Zip:** OCKLAWAHA, FL 32179

I hereby 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 all other like empowered.

**SIGNATURE:** NEAL KALIS

DP

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date