## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(7)

**FILED** Feb 24 1998 8:00am Secretary of State

CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C WEST ASS OCIATION, INC.								
Principal Place of Business Mailing Address								F INDRIVIOL BUT BOLE LEFTEN TEACH OFFICE AND A PLAT OFFICE ALONG MENTAL BURNING BOLD TO BE A SHOULD BORD T
14538 S.W. 119 14275 SW 142N MIAMI FL 33186	ID AVE	14275 SV	14538 S.W. 119TH AVE. 14275 SW 142ND AVE MIAMI FL 33186				3. Date Incorporated or Qualified  03/11/1985  4. FEI Number  Applied For	
US					59-2647378 Not Applicable			
2. Principal P	lace of Bush	ness	2a. Maili 26	2a. Mailing Address 28				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.		<del></del>	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 City 8 State			27	City & State				Trust Fund Contribution L. Added to Fees
City & State			<del></del>					7. Is this nonprofit corporation a homeowners association?  X Yes \sum No
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. X Yes No
77.	9. Name	and Address of Curre		Agent	<u> </u>	Ι		10. Name and Address of New Registered Agent
	_	•				81	Name	
skrld i	NC					82	Stroot	Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE						62	30000	Address (F.O. Box Number is Not Acceptable)
STE 1102								
CORAL GABLES FL 33134						84 City 85 Zip Code		
						1 1	•	FL   "   '
11. Pursuant i	to the provis	ions of Sections 617,050 ent. or both, in the State	02 and 617.150 a of Florida, Su	08, Florida Statute	s, the al	bove d by	e-named	corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _								
12.	Signature, typed	or printed name of registered ag	ent and title if applic ID DIRECTORS		: Registere	d Age	nt signature	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	OFFICENS AN	ID DINECTOR	DELETE	1.1 TI	TIF		☐ Change ☐ Addition
NAME		JOHN W		1,2 N				
	TREET ADDRESS 8811 SW 132ND PL 102						ADORESS	
CITY-ST-ZIP	i i de a san en					1.4 CITY-ST-ZIP		
TITLE	\$76 5D			**************************************		2.1 TITLE		Change Addition
NAME	SHIRLEY, FRYE				2.2 NAI			
STREET ADDRESS	Anna Maria anna Maria				2.3 STI			
CITY-ST-ZIP				2.40			T-ZIP	<b></b>
TITLE	VRD /			DELETE	3.1 Tr	TLE	D	PRESTOENT Change Addition
NAME	EDMUND SERGE			3.2 N	AME		Ed mind serse 1 # 404	
STREET ADDRESS				3.3 ST	RÉET	ADDRESS		
CITY-ST-ZIP	MIAMI F	LY			3.4. C		T-ZIP	
TITLE				☐ DELETE	4.1 TI		D	Treasurer ad H. Jarra Change Addition
NAME					4. 2 N			Hohammad H. Jarra + 203.
STREET ADDRESS							address	Hohamad H. Jarrac 203. 8811 500 132nd Place # 203. MI ami FL 33186
CITY-ST-ZIP	····			☐ DELETE	4.4 CI		r∙ziP	Change Addition
TITLE				- percit	5.1 TO			C 1 ~ ([
NAME CTREET APPRICES					5.2 N/		ADDDTOO	19628
STREET ADDRESS					1		ADDRESS	~ \frac{120}{20} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP TITLE				DELETE	5.4 CI 6.1 TI	_	-ZIF	☐ Change ☐ Addition
NAME					6.2 NA			200002438932
STREET ADDRESS							ADDRESS	-02/24/9801040003
CITY-ST-ZIP					6.4 CI			***61.25
		<del>/-</del> -						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 of the loceiver of trustey empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing on an attachmen with an address.

SIGNATURE:

378-0130