

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 042 ****61.25



DOCUMENT # N08169

1. Entity Name

CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C WEST ASSOCIATION, INC.

Principal Place of Business

14538 S.W. 119TH AVE.
 14275 SW 142ND AVE
 MIAMI FL 33186
 US

Mailing Address

14275 SW 142ND AVE
 MIAMI FL 33186
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

59-2647378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAI, CARLOS A
 999 PONCE DE LEON BLVD
 SUITE 1110
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARR, CATHIE | |
| STREET ADDRESS | 14275 SW 142 AVE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | PACHON, PIEDAD | |
| STREET ADDRESS | 8811 SW 132 PLACE # 308 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | EDMUND, SERGE | |
| STREET ADDRESS | 8811 SW 132 PL 404 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | Director / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maria A. Mejia | |
| STREET ADDRESS | 8811 SW 132 Place #205 | |
| CITY-ST-ZIP | Miami FL 33186 | |
| TITLE | Secretary / Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Piedad Pachon | |
| STREET ADDRESS | 8811 SW 132 Place # 308 | |
| CITY-ST-ZIP | Miami FL 33186 | |
| TITLE | Vice-President / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Betty Otegui | |
| STREET ADDRESS | 8811 SW 132 Place # 205 | |
| CITY-ST-ZIP | Miami FL 33186 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

FLA 2004
 Date rec'd
 Approved by
 G/L Code
 CK #
 Date:
 Mailed on:

12. 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 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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #