

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Date rec'd **Feb 02, 2005 08:00 AM**

Approved by **Secretary of State**

G/L Code **5077**
Ck # **1246** / Amount **61.25**

Ck Date: **1/18/05**

Mailed on: **1/28/05**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2647378** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MEJIA, MARION A**
STREET ADDRESS **8811 SW 132 PLACE #205**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **ST**
NAME **PACHON, PIEDAD**
STREET ADDRESS **8811 SW 132 PLACE # 308**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **PD**
NAME **EDMUND, SERGE**
STREET ADDRESS **8811 SW 132 PL 404**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VPD**
NAME **OTEGUI, BETTY**
STREET ADDRESS **8811 SW 132 PLACE #203**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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02/03/05-80002-010 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE: _____

(SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date _____

Daytime Phone # _____