

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90025 045 ****61.25

Filed on: 2/28/06 ~~4/16/06~~ **50004503**



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		01092006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2647378 <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For	Not Applicable
Applied For	Not Applicable						
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TRIAY, CARLOS A 999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES, FL 33134				Name <u>CARLOS A. TRIAY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3750 NW 87TH AVE # 100</u> City <u>Miami</u> FL <u>33178</u>			
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 _____ (NOTE: Registered Agent signature required when releasing)							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEJIA, MARION A		NAME				
STREET ADDRESS	8811 SW 132 PLACE #205		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP				
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PACHON, PIEDAD		NAME	EDELIA PAZ			
STREET ADDRESS	8811 SW 132 PLACE # 308		STREET ADDRESS	8811 SW 132 PLACE			
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDMUND, SERGE		NAME				
STREET ADDRESS	8811 SW 132 PL 404		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP				
TITLE	VPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OTEGUI, BETTY		NAME				
STREET ADDRESS	8811 SW 132 PLACE #205		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		