

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12154

1. Entity Name  
CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C  
NORTH ASSOCIATION, INC.



Principal Place of Business  
C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE  
MIAMI, FL 33186

Mailing Address  
C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE  
MIAMI, FL 33186

Date rec'd JAN 1 2005  
Approved Jan 27, 2005 08:00 AM  
G/L Code Secretary of State  
Ck # 2896  
Ck Date: 1/18/05  
Mailed on: 1/25/05



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0092119 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAY, CARLOS  
999 PONCE DE LEON BLVD 1110  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (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 PD  
NAME FELIX, OLGA  
STREET ADDRESS 13250 SW 88 TERRACE, #202  
CITY-ST-ZIP MIAMI, FL 33186

TITLE TD  
NAME ROGERS, PAUL  
STREET ADDRESS 13250 SW 88 TERRACE, #402  
CITY-ST-ZIP MIAMI, FL 33186

TITLE D  
NAME CARR, CATHY  
STREET ADDRESS 14275 SW 142 AVE.  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/05 Daytime Phone #