


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N12154 1. Entity Name CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C NORTH ASSOCIATION, INC.	
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Principal Place of Business ALL FLORIDA MANAGEMENT COMPANY 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173	Mailing Address ALL FLORIDA MANAGEMENT COMPANY 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0092119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELONI, EDOARDO 900 S.W. 40TH AVENUE MIAMI, FL 33317

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000831709 02/27/08-80026-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELIX, OLGA 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, MARTHA I 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIESTEBAN, JOANN 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/12/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #