

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44018

FILED
Mar 24, 2009
Secretary of State

Entity Name: CALUSA LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

899 WOOD BRIDGE DR.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

899 WOOD BRIDGE DR.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0278420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT OF SW FLA., INC.
899 WOODBRIDGE DR.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REMBISZ, ED
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: GOMBER, TIMOTHY
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: VPD () Delete
Name: WAGENER, TOM
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: PRICE, PETER
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: CAVAGNARO, DONALD
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: REMBISZ, EDWARD
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: SD (X) Change () Addition
Name: GRANDONE, LANCE
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: PD (X) Change () Addition
Name: WAGENER, THOMAS
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: TD (X) Change () Addition
Name: BRADY, MARIETTA SUE
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: D (X) Change () Addition
Name: CRISAFULLI, WILLIAM
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIETTA SUE BRADY

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date