## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003540

FILED Apr 05, 2010 Secretary of State

Entity Name: CALUSA BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6955 SATINLEAF RD N NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

6955 SATINLEAF RD N NAPLES, FL 34109

FEI Number: 65-0682595 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCULLIN & SOBELMAN P A 1250 TAMIAMI TRAIL NORTH SUITE #302 NAPLES, FL 34102 US

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:

Name: BLOOM, DAVID

Address: 6922 SATINLEAF ROAD NORTH #203

City-St-Zip: NAPLES, FL 34109

Title:

Name: SITTENFELD, CURTIS

Address: 6800 SATIN LEAF ROAD, SOUTH #104

City-St-Zip: NAPLES, FL 34109

Title: S

Name: BERL, FRED

Address: 6918 SATINLEAF ROAD NORTH #201

City-St-Zip: NAPLES, FL 34109

Title:

Name: TRUSTEM, GLENN
Address: 6899 RAINLILY ROAD #201

City-St-Zip: NAPLES, FL 34109

Title: F

Name: GIBBONS, GARY

Address: 6922 SATINLEAF RD. NORTH #102

City-St-Zip: NAPLES, FL 34109

Title: VP

Name: LOTTI, ANGELO

Address: 6879 REDBAY PARK ROAD City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: SCULLIN & SOBELMAN, P.A RA 04/05/2010