2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

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Entity Name: CALUSA BAY SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6955 SATINLEAF RD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

PO BOX 110156
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0682890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PATRICK M
6955 SATINLEAF RD N
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CRAIG T. HUPP, CPA, P.A.
878 109TH AVENUE NORTH
SUITE #1
NAPLES, FL 34108 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: CRAIG T. HUPP 04/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUTE, PAUL
Address: 6843 LANTANR BRIDGE RD # 101
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete
Name: BROSCHARD, HILDA
Address: 6867 SATINLEAF RD S, # 203
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: CARIOSCIA, PETE
Address: 6687 REDBAY PARK RD # 102
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BUTE, PAUL
Address: 6843 LANTANR BRIDGE RD # 101
City-St-Zip: NAPLES, FL 34109

Title: STD (X) Change ( ) Addition
Name: BROSCHARD, HILDA
Address: 6867 SATINLEAF RD S, # 203
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change ( ) Addition
Name: CARIOSCIA, PETE
Address: 6687 REDBAY PARK RD # 102
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG T. HUPP RA 04/26/2005
Electronic Signature of Signing Officer or Director Date