

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000340

FILED
Apr 26, 2005
Secretary of State

Entity Name: CALUSA BAY NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6955 SATINLEAF RD
100
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6955 SATINLEAF RD N.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0816067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PATRICK M
6955 SATIN LEAF RD.
SUITE #100
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: TRUSTEN, ANN
Address: 6899 RAIN LILY RD. # 201
City-St-Zip: NAPLES, FL 34109

Title: DST () Delete
Name: STEELE, RICHARD
Address: 6894 RAIN LILY ROAD #103
City-St-Zip: NAPLES, FL 34109

Title: DST () Delete
Name: CATANZANO, DANIEL
Address: 6895 RAIN LILY RD #201
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DONNELLS, SALLY
Address: 6918 RAIN LILY RD #202
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