

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 043 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N98000000340 | | | | | |
| 1. Entity Name CALUSA BAY NORTH CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6955 SATINLEAF RD 100 NAPLES, FL 34109 | | | Mailing Address 6955 SATINLEAF RD N. NAPLES, FL 34109 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0816067 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MONGILLO & KRAUSE LLP 1250 9TH ST N 211 NAPLES, FL 34102 | | | | 7. Name and Address of New Registered Agent Name: <u>Scullin & Sobelman P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1250 Tamiami Trail North #211</u> City: <u>Naples</u> FL Zip Code: <u>34102</u> | |
| 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: <u>Scullin & Sobelman P.A.</u> DATE: <u>04/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P NAME DONNELLS, SALLY STREET ADDRESS 6918 RAIN LILY RD #202 CITY - ST - ZIP NAPLES, FL 34109 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Morgan, Susan STREET ADDRESS 6914 Satinleaf Road North #102 CITY - ST - ZIP Naples, FL 34109 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE T NAME BLOOM, DAVID STREET ADDRESS 6922 SATINLEAF RD. NORTH #203 CITY - ST - ZIP NAPLES, FL 34109 | <input checked="" type="checkbox"/> Delete | | TITLE T NAME Camodora, Peter STREET ADDRESS 6887 Rainbow Park Rd #102 CITY - ST - ZIP Naples, FL 34109 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME GIBBON, GARY STREET ADDRESS 6922 SATINLEAF RD. NORTH #102 CITY - ST - ZIP NAPLES, FL 34109 | <input type="checkbox"/> Delete | | TITLE P NAME JEFF VILLANI STREET ADDRESS 6938 Rain Lily Ct #102 CITY - ST - ZIP NAPLES, FL 34109 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Gary B. Gibbons</u> DATE: <u>4/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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