2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000340

FILED Apr 27, 2009 Secretary of State

Entity Name: CALUSA BAY NORTH CONDOMINIUM ASSOCIATION, INC.

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

6955 SATINLEAF RD 100 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

6955 SATINLEAF RD N. NAPLES, FL 34109

FEI Number: 65-0816067 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 & SOBEBIAN PA
1250 TAMIAMI TRAIL N #211
NAPLES, FL 34102 US
SCULLIN & SOBELMAN, PA
1250 TAMIAMI TRAIL N #302
NAPLES, FL 34102 US
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: SCULLIN & SOBELMAN, P.A. 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

Name: GIBBON, GARY Name: GIBBON, GARY

Address: 6922 SATINLEAF RD. NORTH #102 Address: 6922 SATINLEAF RD. NORTH #102

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: VD () Delete Title: VD (X) Change () Addition Name: MORGAN, SUSAN Name: TRUSTEM, GLEEN

Address: 6914 SATINLEAF RD N #102 Address: 6899 RAINLILY ROAD # 201

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: P () Delete Title: D (X) Change () Addition

 Name:
 VILLANI, JEFF
 Name:
 DIMENNA, GENE

 Address:
 6938 RAINLILY CT #102
 Address:
 6899 RAINLILY ROAD #103

City-St-Zip: NAPLES, FL 34101 City-St-Zip: NAPLES, FL 34101

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: GARY GIBBONS PRES 04/27/2009