

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000006064 (8)
1. Corporation Name
CALUSA ISLAND YACHT CLUB DEVELOPMENT CORP.



Principal Place of Business 3106 SOUTH HORSESHOE DRIVE NAPLES FL 33942	Mailing Address 3106 SOUTH HORSESHOE DRIVE NAPLES FL 34104-6139
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2. Principal Place of Business 21 300 GOODLAND DR Suite, Apt. #, etc. 22 City & State 23 GOODLAND FL Zip 24 34140 Country 25 U.S.		2a. Mailing Address 26 P.O. Box 156 Suite, Apt. #, etc. 27 City & State 28 GOODLAND FL Zip 29 34140 Country 30 U.S.		3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 06/26/1996
				4. FEI Number 65-0387705	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOODLETTE, DUDLEY J 4001 TAMiami TRAIL NO, SUITE 300 3001 TAMiami TRAIL NORTH NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name GOODLETTE, J. DUDLEY 82 Street Address (P.O. Box Number is Not Acceptable) 4001 TAMiami TRAIL N 83 SUITE 300 84 City NAPLES FL 85 Zip Code 34103	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANE, KRIS A	1.2 NAME	
STREET ADDRESS	3106 SOUTH HORSESHOE DRIVE	1.3 STREET ADDRESS	1300 DOLPHIN RD
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

1000 KRIS A DANE 4/15/97 9413943669

CR2E034 (9/96)