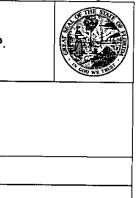
**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

## P9300006064 **DOCUMENT #**

1. Entity Name

CALUŚA ISLAND YACHT CLUB DEVELOPMENT CORP.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90164 005 \*\*\*158.75

L					STO WE TEN	
Principal Place of Business 300 GOODLAND DR GOODLAND FL 34140 US			Mailing Address PO BOX 156 GOODLAND FL 3: US			) (AANNOON IN ANNOON INNI SANK TANK SANK SANK SANK SANK SANK SANK SANK
2. Principal	Place of Busine	ess	3. Mailing Addre	ss	<del></del>	
Suite, Apt	t. #, etc.	<del> </del>	Suite, Apt. #, e	etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta	ate		City & State			4. FEI Number 65-0387705 Applied For
Zip Country			Zíp	Zip Country		5. Certificate of Status Desired \$8.75 Additional
	6. Name :	nd Address of C	urrent Registered Agent		<del></del>	ree Required
GOOD! ET	TE, DUDLEY	-	arient registered Agent		Name	7. Name and Address of New Registered Agent
4001 TAMIAMI TRAIL NO, SUITE 300					Street Address	(P.O. Box Number is Not Acceptable)
STE 300						
NAPLES FL 34103					City	Zip Code
8. The above the obliga	e named entity tions of register	submits this stater ed agent.	ment for the purpose of char	nging its registere	d office or registe	ered agent, or both, in the State of Fiorida. I am familiar with, and accept
SIGNATURE	Signature, typed or	printed name of registers	ed agent and title if applicable.	(NOTE: Registered	Agent signature require	ed when reinstating) DATE
Afte	r May 1, 2003	FEE IS \$150.0 Fee will be \$55 Torida Departm	60.00	1-1		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS	AND DIRECTORS	11.	·-·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ABDRESS	D Dane, Kris 1300 Dolph Naples Fl	A IN RD	□ Dele	NAME Stree	T'ADDRESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele	te TITLE	T ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dete	NAME	T ADDRESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		□ Dele	NAME	ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	te TITLE NAME	ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	e TITLE	ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), iFlorida 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #