

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24065** (2)
1. Corporation Name
CALUSA LAKES REALTY, INC.



Principal Place of Business 2029 CALUSA LAKES BLVD SUITE 221-B NOKOMIS FL 34275 US	Mailing Address 2029 CALUSA LAKES BLVD SUITE 221-B NOKOMIS FL 34275 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2106 Muskogee Trail Suite, Apt. #, etc. 22 City & State 23 Nokomis, FL 34275 Zip Country 24 34275 25		2a. Mailing Address 26 2106 Muskogee Trail Suite, Apt. #, etc. 27 City & State 28 Nokomis, FL Zip Country 29 34275 30		3. Date Incorporated or Qualified 01/10/1991	
		4. FEI Number 65-0237557		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JOHNSON, SHERELL W JR
2029 CALUSA LAKES BLVD
SUITE 221-B
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2106 Muskogee Trail
83	
84 City	Nokomis, FL
85 Zip Code	34275

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, SHERELL W JR	
STREET ADDRESS	2029 CALUSA LAKES BLVD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NISLEY, ANDY	
STREET ADDRESS	2029 CALUSA LAKES BLVD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2106 Muskogee Trail
1.4 CITY-ST-ZIP	Nokomis, FL 34275
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2106 Muskogee Trail
2.4 CITY-ST-ZIP	Nokomis, FL 34275
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Sherell W. Johnson, Jr.

941-484-6004

CR2E034 (10/97)