

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08169

**Entity Name:** CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C WEST ASSOCIATION, INC.

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC1841483053**

**Current Principal Place of Business:**

8811 SW 132 PLACE  
MIAMI, FL 33186

**Current Mailing Address:**

2020 PONCE DE LEON BLVD.  
#901  
CORAL GABLES, FL 33134 US

**FEI Number: 59-2647378**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PROVIDNCE MANAGEMENT SERVICES, INC.  
2020 PONCE DE LEON BLVD.  
#901  
CORAL GABLES, FL 33134 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: VALENTIN T. ESCRIBANO**

**03/21/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CEDENO, MARIA  
Address        2020 PONCE DE LEON BLVD.  
                  #901  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            PAZ, EDILIA  
Address        2020 PONCE DE LEON BLVD.  
                  #901  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            MARCOS, CARMEN  
Address        2020 PONCE DE LEON BLVD.  
                  #901  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIA CEDENO**

**PRESIDENT**

**03/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date