

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009035

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SPINNAKER RAY  
306 TO 390 ANGLER DRIVE  
GOODLAND, FL 34140

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SPINNAKER RAY  
PO BOX 2397  
MARCO ISLAND, FL 34146

**New Mailing Address:**

**FEI Number:** 20-0672842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ANDRADE, TONY  
601 ELKAM CIRCLE #R-7  
MARCO ISLAND, FL 34145      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: BEHRING, WILLIAM  
Address: 421 MORNINGSTAR DRIVE  
City-St-Zip: WITCHITA, KS 67218

Title: O  
Name: VALLIERE, CHUCK  
Address: P O BOX 338  
City-St-Zip: DRACUT, MA 01826

Title: O  
Name: MCPHERSON, HENRY  
Address: 1182 ODLIN RD.  
City-St-Zip: HERMON, ME 04401

Title: D  
Name: LARSEN, PAUL  
Address: 2865 BREEZY HEIGHTS RD.  
City-St-Zip: WAYZATA, MN 55391

Title: D  
Name: OTTO, JOE  
Address: PO BOX 807  
City-St-Zip: GOODLAND, FL 34140

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: CHUCK VALLIERE

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03/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date