

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009035

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC0743009191**

**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

**Current Mailing Address:**

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

**FEI Number: 20-0672842**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title OFFICER  
Name DESMET, PAM  
Address 358 ANGLER DR.  
City-State-Zip: GOODLAND FL 34140

Title DIRECTOR  
Name KELLET, SCOTT  
Address 350 ANGLER DR.  
City-State-Zip: GOODLAND FL 34140

Title DIRECTOR  
Name GWINN, BARRY  
Address 374 ANGLER DR.  
City-State-Zip: GOODLAND FL 34140

Title OFFICER  
Name PECORA, DONALD  
Address 300 ANGLER DR.  
City-State-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: BARRY GWINN**

**D**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date