


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:35

<b>DOCUMENT # N03000009035</b> 1. Entity Name <b>CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

01082004 Chg-NP CR2E037 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>20-0672842</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent  <b>SALVATORI, LEO J 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES, FL 34103</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code                 </div>
---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, ROBERT M II			NAME	<b>100030501341</b>		
STREET ADDRESS	5130 MAIN ST., SUITE #6			STREET ADDRESS	03/16/04--01011--003		**261.25
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELBECK, BARBARA			NAME			
STREET ADDRESS	5130 MAIN ST., SUITE #6			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, KEVIN			NAME			
STREET ADDRESS	5130 MAIN ST., SUITE #6			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **3-10-04 (239) 213-1785** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #