

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000009035 1. Entity Name CALUSA ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652		Mailing Address 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALVATORI, LEO J 4001 TAMAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103				Name <i>Salvatori & Wood, P.L.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>4001 Tamiami Trail North</i>	
				<i>Suite 330</i>	
				City <i>Naples</i> FL Zip Code <i>34103</i>	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD REED, ROBERT M II 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800049680148 04/01/05--01063--003 **445.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SELBECK, BARBARA 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, KEVIN 5130 MAIN ST., SUITE #6 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <i>12/6/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		