

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# N07000008088

Entity Name: CALUSA ISLAND VILLAGE FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

150 EDGEEMERE WAY SOUTH
NAPLES, FL 34105

New Principal Place of Business:

C/O SALVATORI WOOD BUCKEL & WEIDENMILLER
9132 STRADA PL FL 4
NAPLES, FL 34108

Current Mailing Address:

150 EDGEEMERE WAY SOUTH
NAPLES, FL 34105

New Mailing Address:

C/O SALVATORI WOOD BUCKEL & WEIDENMILLER
9132 STRADA PL FL 4
NAPLES, FL 34108

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI WOOD BUCKEL & WEIDENMMILLER
9132 STRADA PL FL 4
NAPLES, FL 34108 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: LEO J SALVATORI - MGR

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, ROBERT M II
Address: P.O. BOX 11533
City-St-Zip: NAPLES, FL 34105

Title: VPD () Delete
Name: REED, TRIPP
Address: P.O. BOX 11533
City-St-Zip: NAPLES, FL 34105

Title: STD () Delete
Name: REED, MELISSA
Address: P.O. BOX 11533
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT M REED II

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date