# 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.

PTD

SIGNATURE: JENNIE L. NORMAN

Electronic Signature of Signing Officer/Director Detail

| 2013 FLORIDA | NOT FOR PROFI | <b>CORPORATION</b> | ANNUAL REPORT |
|--------------|---------------|--------------------|---------------|
|              |               |                    |               |

#### DOCUMENT# N0700008088

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

Current Principal Place of Business:

394 ANGLER DRIVE GOODLAND, FL 34140

## **Current Mailing Address:**

145 EASTSIDE ROAD HARRISVILLE, NH 03450

# FEI Number: APPLIED FOR

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

DIXON-ABBOTT, JENNIFER 950 N. COLLIER BLVD. SUITE 204 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

# Officer/Director Detail :

| Title           | PTD                  | Title           | SD                   |
|-----------------|----------------------|-----------------|----------------------|
| Name            | NORMAN, JENNIE L     | Name            | WALKER, WILLIAM C    |
| Address         | 145 EASTSIDE ROAD    | Address         | 145 EASTSIDE ROAD    |
| City-State-Zip: | HARRISVILLE NH 03450 | City-State-Zip: | HARRISVILLE NH 03450 |

FILED Feb 01, 2013 Secretary of State CC9748709294

Certificate of Status Desired: No

02/01/2013

Date