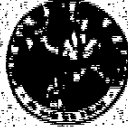


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 REPORT DUE ON OR BEFORE 5:00 P.M. 5TH OF DISSOLVED, NUMBER AMOUNT DUE TO DISSOLVE STATE.

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 10 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N93000000365 (7)

1. Corporation Name
CALUSA ISLAND YACHT CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
 3106 S. HORSESHOE DRIVE NAPLES FL 33942 3106 S. HORSESHOE DRIVE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 24 Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 01/27/1993 04/28/1994
 4. FEI Number Applied For
 NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 O'NEILL, WILLIAM R
 % CUMMINGS & LOCKWOOD
 3001 TAMAMI TRAIL NORTH
 NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DPST
 NAME DANE, KRIS A
 STREET ADDRESS 3106 S. HORSESHOE DR.
 CITY-ST-ZIP NAPLES FL 33942
 TITLE ~~PARA MILER DANE~~
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DIRECTOR
 NAME PARA MILLER DANE
 STREET ADDRESS 1300 DOLPHIN ROAD
 CITY-ST-ZIP NAPLES, FL 33962
 TITLE DIRECTOR
 NAME DOUGLAS J. DANE
 STREET ADDRESS 6240 CYPRESS HOLLOW WAY
 CITY-ST-ZIP NAPLES, FL 33942
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: KRIS A. DANE, PRES. 6/7/95 8136432324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 7/3/95

CR2E037 (3/95)