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May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000000365 (7)  
1. Corporation Name

CALUSA ISLAND YACHT CLUB ASSOCIATION, INC.



Principal Place of Business: 3106 S. HORSESHOE DRIVE, NAPLES FL 33942  
Mailing Address: 3106 S. HORSESHOE DRIVE, NAPLES FL 34104-6139

3. Date Incorporated or Qualified: 01/27/1993  
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business: 21 300 GOODLAND PR, 22 City & State: GOODLAND FL, 23 Zip: 34140, 25 Country: US  
2a. Mailing Address: 26 P.O. Box 156, 27 City & State: GOODLAND, FL, 28 Zip: 34140, 30 Country: US

4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired: A \$8.75 Additional Fee Required  
6. Election Campaign Financing: Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: COOLETTE, DUDLEY J, 4001 TAMiami TRAIL NO, SUITE 300, 3001 TAMiami TRAIL NORTH, NAPLES FL 33940

10. Name and Address of New Registered Agent: 81 Name: GOODLETTE, J, DUDLEY, 82 Street Address: 4001 TAMiami TRAIL N., SUITE 300, 83 City: NAPLES, FL, 85 Zip Code: 34103

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANE, KRIS A	1.2 NAME	
STREET ADDRESS	3106 S. HORSESHOE DR.	1.3 STREET ADDRESS	1300 DOLPHIN RD
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TARA DANE	2.2 NAME	
STREET ADDRESS	1300 DOLPHIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANE, DOUGLAS J	3.2 NAME	
STREET ADDRESS	6240 CYPRESS HOLLOW WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 04/20/97

CR2E037 (9/96)