

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000006064 (8)**  
1. Corporation Name  
**CALUSA ISLAND YACHT CLUB DEVELOPMENT CORP.**



Principal Place of Business <b>3106 SOUTH HORSESHOE DRIVE NAPLES FL 33942</b>	Mailing Address <b>3106 SOUTH HORSESHOE DRIVE NAPLES FL 34104-6139</b>
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3. Date Incorporated or Qualified <b>01/26/1993</b>	3a. Date of Last Report <b>06/26/1996</b>
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2. Principal Place of Business 21 <b>300 GOODLAND DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 156</b> Suite, Apt. #, etc.
22 City & State 23 <b>GOODLAND FL</b>	27 City & State 28 <b>GOODLAND FL</b>
24 Zip <b>34140</b> 25 Country <b>U.S.</b>	29 Zip <b>34140</b> 30 Country <b>U.S.</b>

4. FEI Number <b>65-0387705</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GOODLETTE, 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 (P.O. Box Number is Not Acceptable)  
**4001 TAMiami TRAIL N**  
83 **SUITE 300**  
84 City **NAPLES** FL 85 Zip Code **34103**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANE, KRIS A</b>	1.2 NAME	
STREET ADDRESS	<b>3106 SOUTH HORSESHOE DRIVE</b>	1.3 STREET ADDRESS	<b>1300 DOLPHIN RD</b>
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	1.4 CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/15/97**

CR2E034 (9/96)