

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007198

FILED
Apr 29, 2009
Secretary of State

Entity Name: CALABAY PARC HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% 272 CALABAY PARC BLVD.
DAVENPORT, FL 33897

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 T.G. LEE BLVD.
300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 59-3696466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
5955 T.G. LEE BLVD.
300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

FURLOW, REBECCA
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, CAROLINE
Address: 223 CALABAY PARC BLVD.
City-St-Zip: DAVENPORT, FL 33897

Title: VP () Delete
Name: HIBBERT, DAVE
Address: 409 ORISTA DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: KINGSTON, TRACEY
Address: 326 ORISTA DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: YOUSEFIAN, TONY
Address: 177 SENECA LANE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: CHESTER, KEITH
Address: 463 TUPELO CIRCLE
City-St-Zip: DAVENPORT, FL 33837

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:

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: CAROLINE BARNES

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date