2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am **Secretary of State** DOCUMENT # N02000003291 05-04-2004 90206 018 ****61.25 CALDERWOOD HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 2425 WANNE MILE ROAD, SUITE 7 2425 W NINE MILE ROAD, SUITE 7 24068833 PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business 3. Mailing Address 629 CAlderwood 616 CAlderwood G 04272004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 03-0440541 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ann Jordan DUROSE, JOSEPH W SR DARA 633 CALDERWOOD CT. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32534 616 CAlderwood PENSACHA 8. 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. I am familiar with, and accept the obligations of registered agent. 4/26/04 SIGNATURE ____ maan (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 🛚 Delete TITLE TITLE Change : ☐ Addition NAME WEBER, JAY W NAME President 3800 AIRPORT BLVD STE 200 CAlderwood Ct STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE, AL 3608 CITY-ST-7IP TITLE Delete TITLE **Change** Addition Reed Donald NAME MELVIN, JACKIE P NAME U. President 621 GAlderwood Ct. STREET ADDRESS 2425 W. NINE MILE RD., SUITE 7 STREET ADORESS Persacula, F1. 32534 CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP D TITLE D Delete TITLE Change ☐ Addition ARRINGTON. CATherine EDGAR, CHARLES H JR NAME NAME SECRETALY 617 CAlderwood Ct 32534 STREET ADDRESS 2425 W. NINE MILE RD., SUITE 7 STREET ADDRESS PENSACOLA, FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Jordan, SARA Ann NAME NAME 616 CAlderwood Ct Ponsacola Pl. 32 TREASULEL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

FILED