

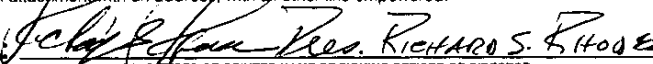


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 043 ****61.25

DOCUMENT # N04000004910					
1. Entity Name CALLISTA VILLAGE ASSOCIATION, INC.					
Principal Place of Business ALL FLORIDA SERVICES, INC. 2831 RINGLING BLVD., SUITE 218F SARASOTA, FL 34237			Mailing Address ALL FLORIDA SERVICES, INC. 2831 RINGLING BLVD., SUITE 218F SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 2180 W SR 434		3. Mailing Address 2180 W SR 434		4. FEI Number 20-1343632	
Suite, Apt. #, etc. Suite 5000		Suite, Apt. #, etc. Suite 5000		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Longwood		City & State Longwood		Applied For Not Applicable	
Zip 32779	Country USA	Zip 32779	Country USA	6. Name and Address of Current Registered Agent	
ALL FLORIDA SERVICES, INC. 2831 RINGLING BLVD SUITE 218F SARASOTA, FL 34237				7. Name and Address of New Registered Agent	
				Name James W Hart JR	
				Street Address (P.O. Box Number is Not Acceptable) 2180 W SR 434	
				Suite 5000	
				City Longwood	FL Zip Code 32779
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.					
SIGNATURE 				DATE 3/16/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	JOHNSON, GARY	<input checked="" type="checkbox"/> Delete	TITLE P	Richard Rhodes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2127 RINGLING BLVD SUITE 102			STREET ADDRESS 4337 Callista Ln.		
CITY-ST-ZIP SARASOTA, FL 34247			CITY-ST-ZIP Sarasota, FL 34243		
TITLE P	LOHR, MARY ANN	<input checked="" type="checkbox"/> Delete	TITLE P	Virginia Pinnell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2831 RINGLING BLVD., SUITE 218F			STREET ADDRESS 4336 Callista Ln.		
CITY-ST-ZIP SARASOTA, FL 34247			CITY-ST-ZIP Sarasota, FL 34243		
TITLE ST	BOYER, TERRI	<input checked="" type="checkbox"/> Delete	TITLE S	Mary Ann Lohr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2831 RINGLING BLVD., SUITE 218F			STREET ADDRESS 4340 Callista Ln.		
CITY-ST-ZIP SARASOTA, FL 34247			CITY-ST-ZIP Sarasota, FL 34243		
TITLE		<input type="checkbox"/> Delete	TITLE D	Ron Brandi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 4325 Callista Ln.		
CITY-ST-ZIP			CITY-ST-ZIP Sarasota, FL 34243		
TITLE		<input type="checkbox"/> Delete	TITLE D	William Corrow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 4364 Callista Ln.		
CITY-ST-ZIP			CITY-ST-ZIP Sarasota, FL 34243		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE 2/28/07	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	