

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004910

FILED
Apr 08, 2009
Secretary of State

Entity Name: CALLISTA VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. S.R. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. S.R. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-1343632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORROW, WILLIAM
Address: 4364 CALLISTA LN.
City-St-Zip: SARASOTA, FL 34243

Title: VPD () Delete
Name: PENNELL, VIRGINIA
Address: 4336 CALLISTA LN.
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: GROSS, CHRIS
Address: 4312 CALLISTA LN.
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: BOURDEAU, JOHN
Address: 4328 CALLISTA LN.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: RHODES, RICHARD
Address: 4337 CALLISTA LN.
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOHR, EDWARD
Address: 4340 CALLISTA LN
City-St-Zip: SARASOTA, FL 34243

Title: VPD (X) Change () Addition
Name: COUTURIER, CAROLLE
Address: 4333 CALLISTA LN
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, JOYCE
Address: 4332 CALLISTA LN
City-St-Zip: SARASOTA, FL 34243

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: EDWARD LOHR

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date