

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009898

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** COTTAGES OF CALLISTA VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

1765 RINGLING BLVD., SUITE 300  
SARASOTA, FL 34236

**New Principal Place of Business:**

32 S. OSPREY AVE.  
STE 102  
SARASOTA, FL 34236

**Current Mailing Address:**

1765 RINGLING BLVD., SUITE 300  
SARASOTA, FL 34236

**New Mailing Address:**

32 S. OSPREY AVE.  
STE 102  
SARASOTA, FL 34236

FEI Number: 27-4529383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REES, STEPHEN D JR.  
8470 ENTERPRISE CIR., SUITE 201  
LAKEWOOD RANCH, FL 34202 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  
Name: JOHNSON, GARY  
Address: 32 S. OSPREY AVE., STE 102  
City-St-Zip: SARASOTA, FL 34236

Title: VD  
Name: RIVOLTA, PIERO  
Address: 32 S. OSPREY AVE., STE 102  
City-St-Zip: SARASOTA, FL 34236

Title: STD  
Name: HOUSTON, VANESSA  
Address: 32 S. OSPREY AVE., STE 102  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: GARY JOHNSON

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date