

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004910

**FILED**  
**Jun 04, 2020**  
**Secretary of State**  
**2213520985CC**

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

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 20-1343632

**Certificate of Status Desired:** No

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

GULF COAST COMMUNITY MANAGEMENT  
9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202 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:** WILLIAM ASHBY

06/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOWNSEND, ROBERT  
Address        9040 TOWN CENTER PARKWAY  
                  SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            SECRETARY  
Name            MCCULLY, DONALD  
Address        9040 TOWN CENTER PARKWAY  
                  SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            DIRECTOR  
Name            CUTRONA, SHERYL  
Address        9040 TOWN CENTER PARKWAY  
                  SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            VP  
Name            BRANDI, RONALD  
Address        9040 TOWN CENTER PARKWAY  
                  SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title            TREASURER  
Name            SMITH, JOYCE  
Address        9040 TOWN CENTER PARKWAY  
                  SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** ROBERT TOWNSEND

**PRESIDENT**

06/04/2020

Electronic Signature of Signing Officer/Director Detail

Date