

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739469

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: CALOOSA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13682 SAND RIDGE ROAD  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 32458  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 59-1995146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KINGS MANAGEMENT SERVICES, INC.  
13682 SAND RIDGE ROAD  
PALM BEACH GARDENS, FL 33418 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: P ( ) Delete  
Name: CLARK, DAVID  
Address: P.O. BOX 32458  
City-St-Zip: PALM BCH GARDENS, FL 33420

Title: VP ( ) Delete  
Name: MICHEL, BERL  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S ( ) Delete  
Name: LOEWENBERG, MARK  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: T ( ) Delete  
Name: WEAKEY, ROBERT  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D ( ) Delete  
Name: CREEDON, CARL  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D ( ) Delete  
Name: MILLER, CHUCK  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: LANGFORD, GALE  
Address: P.O. BOX 32458  
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: BRUCE KING

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

MGR

02/13/2009

\_\_\_\_\_  
Date