2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739469

FILED Feb 14, 2011 Secretary of State

Entity Name: CALOOSA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13682 SAND RIDGE ROAD 14000 CALOOSA BLVD

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

P.O. BOX 32458 C/O KINGS MANAGEMENT SERVICES, INC. PALM BEACH GARDENS, FL 33420 US 1224 US HIGHWAY ONE, SUITE H

NORTH PALM BEACH, FL 33420 US

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

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

KINGS MANAGEMENT SERVICES, INC.

HILLEY & WYANT-CORTEZ, P.A.

860 US HIGHWAY ONE, SUITE 108

PALM BEACH GARDENS, FL 33418 US

HILLEY & WYANT-CORTEZ, P.A.

860 US HIGHWAY ONE, SUITE 108

NORTH PALM BEACH, FL 33408 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: CLAIRE WYANT-CORTEZ 02/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CLARK, DAVID Address: P.O. BOX 32458

City-St-Zip: PALM BCH GARDENS, FL 33420

Title: VP

Name: MICHEL, BERL Address: P.O. BOX 32458

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S

Name: CREEDON, CARL Address: P.O. BOX 32458

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title:

Name: MILLER, CHARLES Address: P.O. BOX 32458

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title:

Name: LANGFORD, GALE Address: P.O. BOX 32458

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title:

Name: WEAKLEY, ROBERT Address: P.O. BOX 32458

City-St-Zip: PALM BEACH GARDENS, FL 33420

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: BRUCE KING MGMT 02/14/2011