## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 743643** 

Address:

City-St-Zip:

6820 SW 55

**DAVIE, FL 33314** 

FILED May 22, 2007 Secretary of State

Entity Name: CALDER FARMS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** % 6920 SW 55 STREET 6920 SW 55 STREET **DAVIE, FL 33314 DAVIE, FL 33314 Current Mailing Address: New Mailing Address:** 6920 SW 55 ST 6920 SW 53 ST **DAVIE, FL 33314** DAVIE, FL 33314 FEI Number: 59-2395008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, MARK K JOHNSON, MARK 6920 SW 55 STREET 6920 SW 55 STREET **DAVIE, FL 33314** DAVIE, FL 33314 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: MARK JOHNSON 05/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete PIGNATO, DAN CASPENELLO, RICK Name: Name: 6920 SW 56TH CT. Address: 5650 SW 67TH TERR Address: City-St-Zip: **DAVIE. FL 33314** City-St-Zip: **DAVIE. FL 33314** Title: Title: (X) Change ( ) Addition ( ) Delete RITVO, KATHY Name: RIDGE, MARY LOU Name: Address: 5600 SW 67 TERRACE Address: 6840 SW 55TH ST City-St-Zip: **DAVIE, FL 33314** City-St-Zip: DAVIE, FL 33314 Title: () Delete Title: () Change () Addition BREEN, ROBERT Name: Name: 6740 SW 55 STREET Address: Address: City-St-Zip: **DAVIE. FL 33314** City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: ORTIZ, TRISHA Name: LEVY, JACK 6821 SW 56 COURT 5500 SW 67TH TERR Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: **DAVIE, FL 33314** Title: ( ) Delete Title: () Change () Addition JOHNSON, MARK Name: Name: 6920 SW 55 STREET Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MINEO, DIANIE QUIMBY, CHRISTINE Name: Name:

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.

Address:

City-St-Zip:

6720 SW 56TH CT

**DAVIE, FL 33314** 

SIGNATURE: MARK JOHNSON D 05/22/2007