2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2008
Secretary of State

DOCUMENT# 743643

Entity Name: CALDER FARMS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6920 SW 55 STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6920 SW 55 ST
DAVIE, FL 33314

New Mailing Address:

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:

JOHNSON, MARK
6920 SW 55 STREET
DAVIE, FL 33314 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:	CASPENELLO, RICK	
Address:	5650 SW 67TH TERR	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	RIDGE, MARY LOU	
Address:	6840 SW 55TH ST	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	BREEN, ROBERT	
Address:	6740 SW 55 STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	LEVY, JACK	
Address:	5500 SW 67TH TERR	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	JOHNSON, MARK	
Address:	6920 SW 55 STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	QUIMBY, CHRISTINE	
Address:	6720 SW 56TH CT	
City-St-Zip:	DAVIE, FL 33314	

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

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: MARK K. JOHNSON TREA 07/12/2008
Electronic Signature of Signing Officer or Director — Date