

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743643

FILED  
Mar 30, 2009  
Secretary of State

**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 ( )**

**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: D (X) Change ( ) Addition  
Name: RABEN, PETER  
Address: 6751 SW 56TH CT  
City-St-Zip: DAVIE, FL 33314

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 JOHNSON

TREA

03/30/2009

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

\_\_\_\_\_  
Date