

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755591

FILED
Feb 29, 2012
Secretary of State

Entity Name: CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4585 140TH AVE N
SUITE 1012
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

4585 140TH AVE N
STE 1012
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-2020909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE N
SUITE 1012
CLEARWATER, FL 33762 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: VP
Name: UHRINEK, TARA
Address: 4585 140TH AVE N, SUITE 1012
City-St-Zip: CLEARWATER, FL 33762

Title: P
Name: O'HERN, TINA
Address: 4585 140TH AVE N, SUITE 1012
City-St-Zip: CLEARWATER, FL 33762

Title: T
Name: SIMPSON, WILLIAM
Address: 4585 140TH AVE N, SUITE 1012
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: CASTORO, PAULA
Address: 4585 140TH AVE N, SUITE 1012
City-St-Zip: CLEARWATER, FL 33762

Title: S
Name: SCHULTHNESS, JANE
Address: 5780 CALAIS BLVD
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: KINNEY, JASON
Address: 6133 CALAIS BLVD
City-St-Zip: CLEARWATER, FL 33762

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: TINA O'HERN

PD

02/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date