## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756663** 

FILED Apr 18, 2007 Secretary of State

Entity Name: CALINI BEACH CLUB ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1030 SEASIDE DRIVE SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 1030 SEASIDE DRIVE SARASOTA, FL 34242 FEI Number: 59-2196002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNNINGHAM, SHARON F. 1030 SEASIDE DRIVE SARASOTA, FL 34242 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CUMMINS, WILLIAM A., Name: Name: 807 BLACK DUCK RUN Address: Address: City-St-Zip: PT. ORANGE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARN SR., JOSEPH L., Name: Address: 414 MURILLO DR. Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: () Delete Title: () Change () Addition BROTH, RAPHAEL Name: Name: 5074 HANGING MOSS LN Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition HAMMOND, ELLEN Name: Name: JONES, LARRY 1721 MOON DRIVE Address: 1812 COUNTY ROAD 11 Address: City-St-Zip: BELLFONTAINE, OH 43311 City-St-Zip: VENICE, FL 34292 Title: () Delete Title: () Change () Addition HODALSKI, FRANK Name: Name: 4164 CENTERGATE BLVD Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM A. CUMMINS PD 04/18/2007