

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006555

FILED
Mar 17, 2009
Secretary of State

Entity Name: CALABRIA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 327197043

New Mailing Address:

FEI Number: 62-0880780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: STD () Delete
Name: BANNER, SONYA
Address: 123 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: CB () Delete
Name: SIMMONS, JENNY
Address: 126 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SIMMONS, JANICE
Address: 105 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: PALUMBO, CHRIS
Address: 127 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: COM () Delete
Name: DAVIDDUKE, JOE
Address: 126 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SIMMONS, JENNY
Address: 126 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: PD (X) Change () Addition
Name: SIMMONS, JANICE
Address: 105 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

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: CHELSEA BONO, EPM SERVICES

MGMT

03/17/2009

Electronic Signature of Signing Officer or Director

Date