

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006555

**FILED**  
**Feb 05, 2010**  
**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  
**Name:** BANNER, SONYA  
**Address:** 123 CALABRIA SPRINGS COVE  
**City-St-Zip:** SANFORD, FL 32771

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

**Title:** PD  
**Name:** SIMMONS, JANICE  
**Address:** 105 CALABRIA SPRINGS COVE  
**City-St-Zip:** SANFORD, FL 32771

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:** CHELSEA BONO, EPM SERVICES

MGR

02/05/2010

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

\_\_\_\_\_  
Date