

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2012
Secretary of State

Entity Name: CALOOSA CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 03-0481240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919 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: PD
Name: MOYNIHAN, BILL
Address: 15525 CALOOSA CREEK
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: JOHNSON, WILLIAM W
Address: 15724 CALOOSA CREEK
City-St-Zip: FORT MYERS, FL 33908

Title: TD
Name: THOMAS, ED
Address: 15754 CALOOSA CREEK
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: NEWMAN, JUDI
Address: 15627 CALOOSA CREEK CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: RAWLINS, JOHN
Address: 15789 CALOOSA CREEK CIR
City-St-Zip: FORT MYERS, FL 33908

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: ED THOMAS

TD

03/08/2012

Electronic Signature of Signing Officer or Director

Date