


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90039 050 ****61.25

DOCUMENT # N02000003291 1. Entity Name CALDERWOOD HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 613 CALDERWOOD CT PENSACOLA, FL 32534 US		Mailing Address 613 CALDERWOOD CT PENSACOLA, FL 32534 US	
2. Principal Place of Business - No P.O. Box # 616 Calderwood Ct Suite, Apt. #, etc.		3. Mailing Address 616 Calderwood Ct Suite, Apt. #, etc.	
City & State Pensacola FL Zip 32534		City & State Pensacola FL Zip 32534	
4. FEI Number 03-0440541		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUNTER, SUSAN 613 CALDERWOOD CT PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name SARA Ann Jordan Street Address (P.O. Box Number is Not Acceptable) 616 Calderwood Ct City Pensacola FL Zip Code 32534	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME MARINI, MARTIN STREET ADDRESS 608 CALDERWOOD CT. CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE P NAME SARA Ann Jordan STREET ADDRESS 616 CALDERWOOD Ct CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME REED, DONALD STREET ADDRESS 621 CALDERWOOD CT. CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GUNTER, SUSAN A STREET ADDRESS 613 CALDERWOOD COURT CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE S NAME Christina Robson STREET ADDRESS 624 Calderwood Ct CITY-ST-ZIP Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GUNTER, SUSAN A STREET ADDRESS 613 CALDERWOOD CT. CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE T NAME Christina Robson STREET ADDRESS 624 CALDERWOOD Ct CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Sara Ann Jordan</u> President		Date <u>2/11/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SARA Ann Jordan		Daytime Phone #	