

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000413

1. Entity Name
CALOOSA PRESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3129 SPRINGBANK LANE
 CHARLOTTE, NC 28226 US**

Mailing Address
**3129 SPRINGBANK LANE
 CHARLOTTE, NC 28226 US**



01112008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MADDEN, JOSEPH M JR.
 2222 SECOND ST.
 FORT MYERS, FL 33901**

**DO NOT WRITE
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: ALLEN, WILLIAM G
 STREET ADDRESS: 3129 SPRINGBANK LANE
 CITY-ST-ZIP: CHARLOTTE, NC 28226

TITLE: D
 NAME: BELSHE, KENNETH
 STREET ADDRESS: 6453 E. HIGHWAY 100
 CITY-ST-ZIP: FLAGLER BEACH, FL 32136

TITLE: D
 NAME: WHITLEY, VIVIAN
 STREET ADDRESS: 3129 SPRINGBANK LANE
 CITY-ST-ZIP: CHARLOTTE, NC 28226

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 01/23/06-80005-008 61.25

**DO NOT WRITE
 IN THIS SPACE**

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: *Vivian Whitley*, VIVIAN WHITLEY DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

Date

(704) 847-6006

Daytime Phone #