

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMACK, AMON 3129 SPRINGBANK LANE CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELSHE, KENNETH 6453 E. HIGHWAY 100 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, VIVIAN 3129 SPRINGBANK LANE CHARLOTTE, NC 28226
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000861248
 04/03/08-80001-017-61.25

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: *Amon McCormack* 3/11/08 704 847-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #