2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000413

FILED Jan 13, 2009 Secretary of State

Entity Name: CALOOSA PRESERVE HOMEONWERS' ASSOCIATION INC.

urrent P	rincipal Place	of Business:	New Prince	ipal Place of Business:	
	INGBANK LANE TTE, NC 28226	US			
urrent M	lailing Address	s:	New Maili	ng Address:	
	INGBANK LANE TTE, NC 28226				
El Number	: 20-1085194	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
IADDEN	IOOEDI IM ID				
222 SEC	JOSEPH M JR OND ST. ERS, FL 33901	US			
222 SEĆ ORT MYI he above the State	OND ST. ERS, FL 33901 named entity se of Florida.	US	ourpose of changing	ts registered office or registered agent, or bo	
222 SEĆ ORT MYI he above the State	OND ST. ERS, FL 33901 e named entity s e of Florida. RE:	US		ts registered office or registered agent, or bo Date	
222 SEC ORT MYI he above the State IGNATUI	OND ST. ERS, FL 33901 e named entity s e of Florida. RE:	US ubmits this statement for the p c Signature of Registered Age	ent		
222 SEC ORT MYI he above the State IGNATUI	OND ST. ERS, FL 33901 e named entity s e of Florida. RE: Electroni S AND DIRECT	US ubmits this statement for the p c Signature of Registered Age ORS: Delete MON NK LANE	ent	Date	
222 SECONT MYING ABOVE THE STATE STA	OND ST. ERS, FL 33901 Enamed entity see of Florida. RE: Electroni S AND DIRECT D () MCCORMACK, A 3129 SPRINGBA CHARLOTTE, NO	US ubmits this statement for the p c Signature of Registered Age CORS: Delete MON NK LANE C 28226 Delete ETH AY 100	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMON MCCORMACK JR DIR 01/13/2009