

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003924

FILED
Feb 04, 2005
Secretary of State

Entity Name: CALLALISA VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

501 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

501 NORTH CAUSEWAY
706
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

501 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

501 NORTH CAUSEWAY
706
NEW SMYRNA BEACH, FL 32169

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, MICHAEL
501 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

LYNN, MICHAEL
501 NORTH CAUSEWAY
706
NEW SMYRNA BEACH, FL 32169 US

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: MICHAEL LYNN

02/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LYNN, MICHAEL
Address: 501 NORTH CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DV () Delete
Name: CLARK, HARVIN
Address: 52 RICHMOND DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS () Delete
Name: ASHE, PAUL
Address: 4860 SOUTH ATLANTIC AVENUE UNIT 206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ASHE, PAUL R
Address: 4860 SOUTH ATLANTIC AVENUE UNIT 206
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL LYNN

DPT

02/04/2005

Electronic Signature of Signing Officer or Director

Date