

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003924

FILED  
Apr 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

901 DOUGLAS AVE  
200  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771 US

**Current Mailing Address:**

PO BOX 941672  
MAITLAND, FL 32794

**New Mailing Address:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHE, PAUL R  
901 DOUGLAS AVE  
200  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

COLON, SCOTT D  
2403 RIVER TREE CIRCLE  
SANFORD, FL 32771 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: SCOTT COLON

04/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ASHE, PAUL R  
Address: 901 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGR (X) Change ( ) Addition  
Name: CAG MANAGER EXCHANGE, , LLC  
Address: 2403 RIVER TREE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

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

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: SCOTT COLON, MANAGER, CAG MANAGER EXCHANGE MGR

04/21/2008

Electronic Signature of Signing Officer or Director

Date