2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002016

FILED Jun 11, 2008 Secretary of State

Entity Name: CALDECOTT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

4501 TAMIAMI TRAIL NORTH

2647 PROFESSIONAL CIRCLE **SUITE 1201**

SUITE 300

NAPLES, FL 34119

NAPLES, FL 34103

Current Mailing Address:

New Mailing Address:

C/O STOCK COMMUNITY SERVICES, LLC 2647 PROFESSIONAL CIRCLE, SUITÉ 1213 STOCK - COMMUNITY SERVICES

NAPLES, FL 34119

2647 PROFESSIONAL CIRCLE, SUITE 1201

NAPLES, FL 34119

FEI Number: 20-8116018

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIVEY, BLAINE

4501 TÁMIAMI TRAIL NORTH

KOSCES, CHAD 2647 PROFESSIONAL CIRCLE

SUITE 300

SUITE 1201

NAPLES, FL 34103 US

NAPLES, FL 34119 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.

Name:

SIGNATURE: CHAD KOSCES

06/11/2008

Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

SPIVEY, BLAINE Name:

4501 TAMIAMI TRAIL NORTH #300 Address:

KOSCES, CHAD Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201

City-St-Zip: NAPLES, FL 34103

NAPLES, FL 34119 City-St-Zip:

Title: () Delete HOULDSWORTH, SANDY Name:

Title: (X) Change () Addition Name: HOULDSWORTH, SANDY

Address: 4501 TAMIAMI TRAIL NORTH #300

Address: 2647 PROFESSIONAL CIRCLE, SUITE #1201

City-St-Zip: NAPLES, FL 34103

City-St-Zip: NAPLES, FL 34119

Title: STD () Delete SCHECHINGER, VALERIE Name:

Title: STD (X) Change () Addition Name: GELDER, KEITH

4501 TAMIAMI TRAIL NORTH #300 Address:

2647 PROFESSIONAL CIRCLE, SUITE #1201 Address:

VPD

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34119

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: SANDY HOULDSWORTH Electronic Signature of Signing Officer or Director 06/11/2008

Date