

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N06000005441

Entity Name: CALLAWAY CORNERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

135 HARRISON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

301 NORTH GAY AVE.
PANAMA CITY, FL 32404

Current Mailing Address:

135 HARRISON AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

PO BOX 879
LYNN HAVEN, FL 32444

FEI Number: 26-2567923 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:

ANDERSON, CECELIA
135 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MAY, AMY
301 NORTH GAY AVE.
PANAMA CITY, FL 32404 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: AMY MAY

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POSTON, JULIUS
Address: 135 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: COPELAND, JOE
Address: 1609 WEST MAIN STREET, SUITE 20D
City-St-Zip: DOTHAN, AL 36301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POSTON, JULIUS
Address: 23 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: EXVP (X) Change () Addition
Name: BROOKS, NATHAN
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

Title: SEC () Change (X) Addition
Name: ROSENQUIST, MARK
Address: 303 NORTH GAY AVE.
City-St-Zip: PANAMA CITY, FL 32444

Title: TRES () Change (X) Addition
Name: MAY, AMY
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP () Change (X) Addition
Name: OTTINGER, JOE
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

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: NATHAN BROOKS

EXVP

07/09/2008

Electronic Signature of Signing Officer or Director

Date