

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011660

FILED
Apr 26, 2007
Secretary of State

Entity Name: CALABRIA AT WESTSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3050 MICHIGAN AVENUE
KISSIMMEE, FL 34744

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

3050 MICHIGAN AVENUE
KISSIMMEE, FL 34744

New Mailing Address:

107 N LINE DR
APOPKA, FL 32703 US

FEI Number: 41-2222973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXLEY, PAUL
3050 MICHIGAN AVENUE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR
APOPKA, FL 32703 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: THERESA D. SUTHERLAND

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OXLEY, PAUL
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: MARKS, ROBERT R
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: VSD () Delete
Name: OXLEY, LINDSAY M
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OXLEY, PAUL
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TD (X) Change () Addition
Name: MARKS, ROBERT R
Address: 3050 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744 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: PAUL OXLEY

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date