2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

03 OCT 29 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000008787

1. Entity Name
CALUSA CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913	11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913

09172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8359 Beacon Blvd.	8359 Beacon Blvd.
Suite, Apt. #, etc. Suite 313	Suite, Apt. #, etc. Suite 313
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 26-1603211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
S & S GOLF MANAGEMENT, INC. 11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913	Name: Hayden & Associates Street Address (P.O. Box Number is Not Acceptable): Attn: Kenneth W. Hayden 8359 Beacon Blvd. Suite 313 City: Fort Myers FL Zip Code: 33907

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 52608
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, KEVIN 11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Brown, Thomas W. 8359 Beacon Blvd Fort Myers, FL 33907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEULAH, ALAN 11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T Zernich, Kurt M. 8359 Beacon Blvd. Fort Myers, FL 33907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T HERMINA, MANNY 11691 GATEWAY BOULEVARD, SUITE 203 FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Trkla, Thomas N. 8359 Beacon Blvd Fort Myers, FL 33907	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900137432989 10/29/08--01034--011 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Kurt M. Zernich 10-21-08 978-927-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/30