

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008787

FILED
Feb 27, 2009
Secretary of State

Entity Name: CALUSA CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 26-1603211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN & ASSOCIATES
ATTN: KENNETH W. HAYDEN
8359 BEACON BLVD., SUITE 313
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, THOMAS W
Address: 8359 BEACON BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: DST () Delete
Name: ZERNICH, KURT M
Address: 8359 BEACON BLVD.
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: TRKLA, THOMAS N
Address: 8359 BEACON BLVD.
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROWN, THOMAS W
Address: 8359 BEACON BLVD. #313
City-St-Zip: FORT MYERS, FL 33907

Title: DST (X) Change () Addition
Name: ZERNICH, KURT M
Address: 8359 BEACON BLVD. #313
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change () Addition
Name: TRKLA, THOMAS N
Address: 8359 BEACON BLVD. #313
City-St-Zip: FORT MYERS, FL 33907

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: THOMAS BROWN

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date