## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N37076

Jul 17, 2009
Secretary of State

Entity Name: CALOOSA TRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8359 BEACON BLVD. 17240 WOODBINE WAY

SUITE 313 FORT MYERS, FL 33967 US

FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

8359 BEACON BLVD. 17240 WOODBINE WAY

SUITE 313 FORT MYERS, FL 33967 US FORT MYERS, FL 33907 US

FEI Number: 65-0312576 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES

8359 BEACON BLVD.

17240 WOODBINE WAY

#313 FORT MYERS, FL 33907 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: DARCY UZDILLA 07/17/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FANDREY, SUSAN
 Name:
 MUELLER, SHAWN

 Address:
 17070 CALOOSA TRACE CIRCLE
 Address:
 7600 ALICO RD 12-14

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:
 FORT MYERS, FL 33912

Title: T ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 THOMAS, LISANNE
 Name:
 DEVOE, WILLIAM

 Address:
 17080 CALOOSA TRACE CIRCLE
 Address:
 17240 TRAPPERS DRIVE

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:
 FORT MYERS, FL 33967

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name:REYNOLDS, MARYName:UZDILLA, DARCYAddress:17241 TRAPPERS DRIVEAddress:17240 WOODBINE WAYCity-St-Zip:FORT MYERS, FL 33967City-St-Zip:FORT MYERS, FL 33967

Name: BOHMAN, MIKE Name: SAALE, MARIANNE

Address: 17290 CALOOSA TRACE CIRCLE Address: 7451 BEAR HOLLOW CIRCLE
City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name:WILLIAMS, JANICEName:CAFARO, STEPHENAddress:17341 CALOOSA TRACE CIRCLEAddress:7491 BEAR HOLLOW CIRCLECity-St-Zip:FORT MYERS., FL 33967City-St-Zip:FORT MYERS., FL 33967

Title: D () Delete Title: D (X) Change () Addition

Name:WICBURG, CHRISName:HELTER, TIMOTHYAddress:17381 CALOOSA TRACE CIRCLEAddress:7431 BEAR HOLLOW CIRCLECity-St-Zip:FORT MYERS, FL 33967City-St-Zip:FORT MYERS, FL 33967

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: DARCY UZDILLA S 07/17/2009