

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37201

1. Entity Name  
CALEDONIAN FOUNDATION, INC.



Principal Place of Business  
1515 RINGLING BLVD.  
SUITE 1000  
SARASOTA, FL 34236

Mailing Address  
POB 15668  
SARASOTA, FL 34277

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**



04052008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0188613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HOLMAN, ELIZABETH W  
8303 SHADOW PINE WAY  
SARASOTA, FL 34238

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

00000000000000000000  
04/22/08-80062-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMAN, ELIZABETH W 8303 SHADOW PINE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWARD 4196 BOWLING GREEN CR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, DONALD 5179 HIDDEN HARBOR RD. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, ELIZABETH 8303 SHADOW PINE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDLISH, MALCOLM 5327 HUNT CLUB WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNER, JOHN JR 1712 LANDINGS BLVD. SARASOTA, FL 34231

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #