

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 044 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N49102 1. Entity Name CATALPA COVE PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 16681 MCGREGOR DR 104 FORT MYERS, FL 33908 US | | Mailing Address 16681 MCGREGOR DR 104 FORT MYERS, FL 33908 US | |
| 2. Principal Place of Business - No P.O. Box # 711 Tarpon Bay Rd | | 3. Mailing Address P.O. Box 100 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Sanibel FL | | City & State Sanibel FL | |
| Zip 33957 | | Zip 33957 | |
| Country USA | | Country USA | |
| 4. FEI Number 65-0341450 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOP MANAGEMENT 16681 MCGREGOR DR 104 FORT MYERS, FL 33908 | | 7. Name and Address of New Registered Agent Name: Steven Mackesy Street Address (P.O. Box Number is Not Acceptable): 711 Tarpon Bay Rd City: Sanibel FL Zip Code: 33957 | |
| 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: Steven Mackesy 3/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PARKER, SY 15981 CATALPA COVE FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STEINHOFF, GARY 13611 CHINA BERRY WAY FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARTMANN, KENNETH 15631 CATALPA COVE DR FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO Brinegar, LARRY 15540 Catalpa Cove Ft Myers FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STRANG, RENEE 15631 CATALPA COVE DR FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SO Tidmore, Bill 13561 China Berry Way Ft Myers FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O Hartmann, Kenneth 15631 Catalpa Ave Dr Ft Myers FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Kenneth Hartmann <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 2-27-08 <small>Date Daytime Phone #</small> | |