2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90095 014 ****61.25

DOCUMENT	# N9300002937
 Entity Name 	
CALÓOSA POINT	PROPERTY OWNERS! A

NT PROPERTY OWNERS' ASSOCIATION, INC.



2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. Online Program City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country City & State Country Country Signature State City & State City & State Country Country State City & State Signature City City Signature City City Signature City City Signature City City Signature City City City Signature City City City Signature City City City City City City City Signature City City City City City City City Signature City City City City City City City City Signature City Signature City	Principal Place of Business 1509 A SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573 Mailing Address 1509 A SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573										
City & State Country	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Second S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01112007	Chg-NP	CR2E03	7 (12/06)	
Signature programment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gaent. Filling Fee is \$61.25 Due by May 1, 2007 Due to MiLTON, JEROLD D	City & State City & State						76				
MILTON, JEROLD 2301 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573 City FL Zip Code	Zip	Country	Zip	Country			5. Certificate of	Status Desired			
SIGNATURE Signature, bodge or printing name of registered agent and list if appointment of 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 Sign		6. Name and Address of Current i	Registered Agent				7. Name and Ad	Idress of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Signature Signature, typed or pringe rare or registered agent agent agent agent agent agent agent agent and title if accidate. (MOTE: Registered Agent speakers agent	AM TON	EDOLD			Name						
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 gent. Signature	2301 E. DE	EL WEBB BLVD			Street Ad	dress (F	P.O. Box Number is	s Not Acceptable)		
SIGNATURE Signature in production of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation;) DATE	;	:	₹ .		City				FL	Zip Code	3
Trust Fund Contribution. Added to Fees Florida Department of State 10.		SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
TITLE NAME MILTON, JEROLD STREET ADDRESS 2301 E. DE WEBB BLVD STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE SD SUN CITY CENTER, FL 33573 TITLE TD SIERMAN, MARVO STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE TD SIERMAN, MARVO STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE TD Change Addition NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VPD Chelte TITLE VPD Change Addition NAME STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VPD Change Addition STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE VPD CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573		<u>- </u>			ion, [Added to Fees				
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12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNI

Delete

1-12-07

Daytime Phone #

☐ Change ☐ Addition