


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90014 005 ****61.25

DOCUMENT # N93000002937	
1. Entity Name CALOOSA POINT PROPERTY OWNERS' ASSOCIATION, INC.	

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
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2. Principal Place of Business - No P.O. Box # 409 E. College Ave	3. Mailing Address P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ruskin FL	City & State Ruskin FL
Zip 33570	Country
Zip 33575	Country

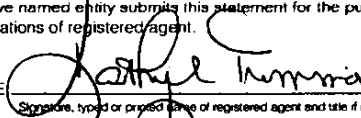


02182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3236776	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	
MILTON, JEROLD 2301 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573	

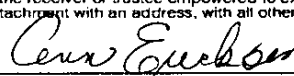
7. Name and Address of New Registered Agent	
Name: Trimmer Kathy	
Street Address (P.O. Box Number is Not Acceptable): 409 E College Ave	
City: Ruskin	FL Zip Code: 33575

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: 	DATE: 3/3/2008
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILTON, JEROLD 2301 E. DE WEBB BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKELY, MARY JANE 2308 DEL WEBB BLVD E. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICKSON, ANNE 2215 DEL WEBB BLVD E SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARKINS, JAMES 607 WINTER BROOKE WAY SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRICH, DAVID 606 WINTERBROOKE WAY SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shaver, Bill 607 Winterbrooke Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Clyde 2213 Del Webb Blvd. East Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ulrich, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	DATE: 3/3/08 DAYTIME PHONE #: 813-645-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	