2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N93000002937

Entity Name: CALOOSA POINT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 59-3236776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33575 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHAVER, BILL
Address: 607 WINTER BROOKE WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD ( ) Delete
Name: BLAKELY, MARY JANE
Address: 2308 DEL WEBB BLVD E.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete
Name: ERICKSON, ANNE
Address: 2213 DEL WEBB BLVD. EAST
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete
Name: ULRICH, DAVID
Address: 2213 DEL WEBB BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D ( ) Delete
Name: ULRICH, DAVID
Address: 606 WINTERBROOKE WAY
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, CLYDE
Address: 2213 DEL WEBB BLVD E.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: JOHNSON, CONNIE
Address: 2324 DEL WEBB BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLYDE MILLER P 01/28/2009

Electronic Signature of Signing Officer or Director — Date