

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90363 006 \*\*\*\*61.25

**DOCUMENT # N96000003382**

1. Entity Name  
**CALLAWAY GREENS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O BENSON'S INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US**

Mailing Address  
**C/O BENSON'S INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US**

4007301A



2. Principal Place of Business

3. Mailing Address

**Tropical Isles**  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907

**Tropical Isles**  
MANAGEMENT SERVICES, INC.  
12734 Kenwood Ln., Suite 49  
Ft. Myers, FL 33907

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3420327**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BENSON, MARK R  
12650 WHITEHALL DR  
FORT MYERS, FL 33907**

## 7. Name and Address of New Registered Agent

Name **Jeanne Roedding**  
Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Lane, Suite 49**  
City **Fort Myers** FL Zip Code **33907**

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 **Jeanne Roedding** **Jeanne Roedding**

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD WHITWORTH, W. DENNIS 11269 CALLAWAY GREENS MIAMI, FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURSKY, BARBARA 11212 CALLAWAY GREENS DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PFANDER, WILHELM 11273 CALLAWAY GREENS DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGUS, JOSEPH A 11183 CALLAWAY GREENS DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Pochailos, Tony</b> <b>11260 Callaway Green Dr.</b> <b>Fort Myers, FL 33913</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <b>Roedding, Jeanne</b> <b>12734 Kenwood Lane, Suite 49</b> <b>Fort Myers, FL 33907</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Whitworth, W. Dennis</b> <b>11269 Callaway Greens</b> <b>Fort Myers, FL 33913</b> <input checked="" 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	<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: **Jeanne Roedding** **Jeanne Roedding** **4/18/06** **(239) 939-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #