


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90121 032 ****61.25

DOCUMENT # N96000003382					
1. Entity Name CALLAWAY GREENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MGMT SERVICES, INC 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907 US			Mailing Address TROPICAL ISLES MGMT SERVICES, INC 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number: 59-3420327	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROEDDING, JEANNE 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			Name <u>Adams, Joseph E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>14241 Metropolis Ave</u> <u>Suite 100</u> City <u>Ft. Myers</u> FL Zip Code <u>33912</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 PD NAME PFANDER, WILLHELM STREET ADDRESS 11273 CALLAWAY GREENS DR CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Rodenkirchen, Mary STREET ADDRESS 11253 Callaway Greens Dr CITY-ST-ZIP Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME TURSKY, BARBARA STREET ADDRESS 11212 CALLAWAY GREENS DR CITY-ST-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		TITLE S NAME Fricker, Jennifer STREET ADDRESS 11122 Callaway Greens Dr. CITY-ST-ZIP Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME CAMPBELL, DOROTHY STREET ADDRESS 11170 CALLAWAY GREENS DR CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME DELIHAS, SUSAN STREET ADDRESS 11128 CALLAWAY GREENS DR CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME POST, JULIA STREET ADDRESS 11140 CALLAWAY GREENS DR CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ASM NAME ROEDDING, JEANNE STREET ADDRESS 12734 KENWOOD LN SUITE 49 CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete			<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: <u>Jeanne Roedding</u>			Date <u>4/22/08</u> (239) 939-2929		