

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003196

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

632 HARBOR DRIVE
LABELLE, FL 33957

New Principal Place of Business:

632 HARBOR DRIVE
LABELLE, FL 33935

Current Mailing Address:

PO BOX 2817
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0758361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUST, CHESTER
632 HARBOR DRIVE
LABELLE, FL 33935 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: D () Delete
Name: POOL, DANNY
Address: 2161 SEBASTIAN CT.
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: HOWARD, EMORY
Address: 692 TURTLE LANE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: MOURFIELD, DONNA
Address: 688 TURTLE LANE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: MILLIGAN, SCOTT
Address: 684 TURTLE LANE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: FALK, JANET
Address: 570 CAPTAIN HENDRY DR
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DONNA I. MOURFIELD

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date