

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90101 012 ****61.25

DOCUMENT # N97000003678

1. Entity Name
CALUMET HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

~~267 N COLLIER BLVD~~
~~STE 201~~
~~MARCO ISLAND, FL 34145~~ US

Mailing Address

~~P O BOX 2458~~
~~MARCO ISLAND, FL 34146~~ US

40101215



2. Principal Place of Business - No P.O. Box #

CR Resort Management
Suite, Apt. #, etc.
2685 Horseshoe Dr. S #215

City & State
Naples, FL

Zip
34104 Country
US

3. Mailing Address

CR Resort Management
Suite, Apt. #, etc.
2685 Horseshoe Dr. S #215

City & State
Naples, FL

Zip
34104 Country
US

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3406037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PPM LLC~~
~~267 N COLLIER BLVD~~
~~#201~~
~~MARCO ISLAND, FL 34145~~

7. Name and Address of New Registered Agent

Name *Wayne Smith*

Street Address (P.O. Box Number is Not Acceptable)

6561 Castlawn Place

City *Naples*

FL

Zip Code
34104

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **P** ☒ Delete
NAME **LACASIO, NICK**
STREET ADDRESS **6623 CASTLE LAWN PL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP** ☒ Delete
NAME **SMITH, PAULA**
STREET ADDRESS **6561 CASTLE LAWN PL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **S** ☐ Delete
NAME **MENGARELLI, JAMES**
STREET ADDRESS **6667 CASTLE LAWN PL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **T** ☐ Delete
NAME **CHESTER, TROY**
STREET ADDRESS **6716 CALUMET DR**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☒ Delete
NAME **HARRISON, KEN**
STREET ADDRESS **6717 CALUMET DR**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME *Smith, Wayne*
STREET ADDRESS *6561 Castlawn Place*
CITY-ST-ZIP *Naples, FL 34104*

TITLE **P** ☐ Change ☒ Addition
NAME *Remby, James*
STREET ADDRESS *6577 Castlawn Place*
CITY-ST-ZIP *Naples, FL 34104*

TITLE **T** ☐ Change ☒ Addition
NAME *Sweeney, Paul*
STREET ADDRESS *6678 Castlawn Place*
CITY-ST-ZIP *Naples, FL 34104*

TITLE **D** ☒ Change ☐ Addition
NAME *Chester, Troy*
STREET ADDRESS *6716 Calumet Drive*
CITY-ST-ZIP *Naples, FL 34104*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

P.H. Sweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-07