

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003678

FILED
Apr 15, 2009
Secretary of State

Entity Name: CALUMET RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MGMT.
2685 HORSESHOE DR S. #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT.
2685 HORSESHOE DR S. #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-3406037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEENEY, PAUL
6628 CASTLELAWN PL
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

REMBY, JAMES
6520 CASTLELAWN PL
NAPLES, FL 34113 US

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: JAMES REMBY

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRISON, HEWITT
Address: 6679 CASTLE LAWN PL
City-St-Zip: NAPLES, FL 34113

Title: P () Delete
Name: REMBY, JAMES
Address: 6517 CASTLELAWN PLACE
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: ROGER, MAHIEU
Address: 6520 CASTLE LAWN PL
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: SWEENEY, PAUL
Address: 6628 CASTLELAWN PLACE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HARRISON, HEWITT
Address: 6679 CASTLE LAWN PL
City-St-Zip: NAPLES, FL 34113

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

Title: T (X) Change () Addition
Name: ROGER, MAHIEU
Address: 6520 CASTLE LAWN PL
City-St-Zip: NAPLES, FL 34113

Title: S (X) Change () Addition
Name: MENGARELLI, JAMES
Address: 6667 CASTLELAWN PLACE
City-St-Zip: NAPLES, FL 34113

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: JAMES REMBY

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date