

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 28, 2007
Secretary of State

DOCUMENT# N98000002936

Entity Name: CALUSA BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**29-C MIRACLE PKWY SW
FORT WALTON BEACH, FL 32548 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2613
FORT WALTON BEACH, FL 32549 US**New Mailing Address:****FEI Number:** 59-3546962**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOWNER, DEBBIE
29-C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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:** VPD () Delete
Name: CONDON, JULIE
Address: 248 INVERRARY DR
City-St-Zip: DESTIN, FL 32541**Title:** PD () Delete
Name: BROOKS, SUE ELLEN
Address: 271 CALUSA BLVD
City-St-Zip: DESTIN, FL 32541**Title:** STD () Delete
Name: SALINAS, JULIAN
Address: P.O. BOX 6512
City-St-Zip: DESTIN, FL 32550**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: LEENMAN, PETER
Address: 4868 AMHURST CIR
City-St-Zip: DESTIN, FL 32541**Title:** STD (X) Change () Addition
Name: BROOKS, SUE ELLEN G
Address: 271 CALUSA BLVD
City-St-Zip: DESTIN, FL 32541**Title:** PD (X) Change () Addition
Name: JONES, JACK
Address: 4829 AMHURST CIR
City-St-Zip: DESTIN, FL 32550

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: DEBBIE FOWNER

MGR

04/28/2007

Electronic Signature of Signing Officer or Director

Date