

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002936

FILED
Jun 16, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOWNER, DEBBIE
29-C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LEENMAN, PETER
Address: 4868 AMHURST CIR
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: TAYLOR, KELLY
Address: 4721 AMHURST CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: JONES, JACK
Address: 4829 AMHURST CIR
City-St-Zip: DESTIN, FL 32550

Title: TRE () Delete
Name: MCDOWELL, BRENT
Address: 4710 AMHURST CIRCLE
City-St-Zip: DESTIN, FL 32548

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:

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

06/16/2009

Electronic Signature of Signing Officer or Director

Date