

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004588

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-3537504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMMER, KATHY
409 E. COLLEGE AVE
RUSKIN, FL 33570 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: VP () Delete
Name: TORRE, ANTHONY
Address: 2337 DEL WEBB BLVD W
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P () Delete
Name: BETTS, JUDITH
Address: 2313 LYNDHURST DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: KALMAN, IRENE
Address: 2315 LYNDHURST DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: BASKINGER, JOSEPH
Address: 2305 W. DEL WEBB BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: POMPANIO, NICK
Address: 2309 LYNDHURST DR
City-St-Zip: SUN CITY CENTER, FL 33573

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: JUDITH BETTS

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date