

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P95000011115

1. Entity Name
NISLEY HOMES INC. CALUSA LAKES DIVISION



Principal Place of Business
2881 MIRA LODA DR.
SARASOTA, FL 34240

Mailing Address
2881 MIRA LODA DR.
SARASOTA, FL 34240



02102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN, &
GINSBURG, P.A., ATTN. THOMAS HOPKINS
2033 MAIN ST., SUITE 600
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

060000707552
04/24/07-80092-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NISLEY, ANDREW M
STREET ADDRESS	2881 SARASOTA GULF CLUB DR.
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	D
NAME	JOHNSON, SHERELL W JR.
STREET ADDRESS	2029 CALUSA LAKES BLVD
CITY-ST-ZIP	NOKOMIS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREW M NISLEY

941-915-0639