

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008787

Entity Name: CALUSA CREEK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 21, 2021
Secretary of State
0850729801CC**Current Principal Place of Business:**27890 ARROWHEAD CIR
PUNTA GORDA, FL 33982**Current Mailing Address:**C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number: 26-1603211****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT
C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:** SHERRY DANKO

04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	CHYTRY, STEVE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	FRIARY, JANICE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	T
Name	SENKELESKI, PHYLLIS
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S
Name	CAHILL, PATRICK
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	NICHOLAS, MICK
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

I hereby 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 all other like empowered.

SIGNATURE: STEVE CHYTRY

PRES

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date