

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90103 034 \*\*\*\*61.25

**DOCUMENT # 739469**

1. Corporation Name

**CALOOSA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

13682 SAND RIDGE ROAD  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

POST OFFICE BOX 32458  
PALM BEACH GARDENS FL 33420  
US

104126 90103 34 6 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/24/1977

4. FEI Number

59-1995146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**KINGS MANAGEMENT SERVICES**  
13682 SAND RIDGE RD  
E BRUCE KING JR  
PALM BCH GDNS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT  
NAME WILSON, BOB  
STREET ADDRESS 14710 BOXWOOD DR  
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

TITLE DV  
NAME BATES, STEVE  
STREET ADDRESS 14062 PEACE RIVER WAY  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE D  
NAME DAWSON, BOB  
STREET ADDRESS 14798 TWISTED TREE TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE DS  
NAME MASALI, CAROL  
STREET ADDRESS 13562 RUNNING WATER RD  
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

TITLE DV  
NAME RYAN, MICHAEL  
STREET ADDRESS 13663 BLUE FOX PLACE  
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

TITLE DP  
NAME RYAN, MICHAEL  
STREET ADDRESS 13663 BLUE FOX PLACE  
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP Michael Smith ☐ Change ☒ Addition  
1.2 NAME 13075 Silver Fox Trail  
1.3 STREET ADDRESS Palm Beach Gardens, FL 33418  
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE AS Linda Gasparini ☐ Change ☒ Addition  
2.2 NAME 14467 Broken Wing Lane  
2.3 STREET ADDRESS Palm Beach Gardens, FL 33418  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE DT Lynnette Burks ☐ Change ☒ Addition  
3.2 NAME 13400 Running Water Road  
3.3 STREET ADDRESS Palm Beach Gardens, FL 33418  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE D David Rutter ☐ Change ☒ Addition  
4.2 NAME 14024 Wind Flower Drive  
4.3 STREET ADDRESS Palm Beach Gardens, FL 33418  
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE D Charles Zahn ☐ Change ☒ Addition  
5.2 NAME 13318 Deer Creek Drive  
5.3 STREET ADDRESS Palm Beach Gardens, FL 33418  
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, 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 #

CR2E037 (11/98)