FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746702 (0)

1. Corporation Name

CALOOSA GOLF AND COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
2115 CALOOSA BLVD. SUN CITY CENTER FL 33573	2115 CALOOSA BLVD. SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1971678 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KITKO, FRANCES
2115 CALOOSA BLVD.
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HOERZ, HENRY G.	1.2 NAME	BURRELL, WILLIAM E.	
STREET ADDRESS	2119 MEADOWLARK LN	1.3 STREET ADDRESS	2001 East View Drive	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	KINDEM, LAURENCE H	2.2 NAME	KINDEM, LAURENCE H.	
STREET ADDRESS	2018 EL RANCHO DR	2.3 STREET ADDRESS	2018 El Rancho Drive	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	VPTD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ESCHER, C.WILLIAM	3.2 NAME	ESCHER, C. WILLIAM	
STREET ADDRESS	632 FT. DUQUESNA DR.	3.3 STREET ADDRESS	632 Ft. Duquesna Drive	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FRAZEE, DORSEY R.	4.2 NAME	HARDEY, JACK A.	
STREET ADDRESS	403 LA JOLLA AVE	4.3 STREET ADDRESS	1905 East View Drive	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	BERNARD, ALBERT R.	5.2 NAME	BERNARD, ALBERT R.	
STREET ADDRESS	2033 BERRY ROBERTS DR.	5.3 STREET ADDRESS	2033 Berry Roberts Drive	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PERHOCH, KENNETH E.	6.2 NAME	(same)	
STREET ADDRESS	408 SMITHFIELD LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: X _____ Laurence H. Kindem, Treasurer 813-634-2870
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 2972