

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746702 (0)

1. Corporation Name

CALOOSA GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

**2115 CALOOSA BLVD.
SUN CITY CENTER FL 33573**

Mailing Address

**2115 CALOOSA BLVD.
SUN CITY CENTER FL 33573**



3. Date Incorporated or Qualified
04/10/1979

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	HOERZ, HENRY G.	
STREET ADDRESS	2119 MEADOWLARK LN	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	☒ DELETE
NAME	KINDEM, LAURENCE H	
STREET ADDRESS	2018 EL RANCHO DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PD	☒ DELETE
NAME	ESCHER, C.WILLIAM	
STREET ADDRESS	632 FT. DUQUESNA DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	☒ DELETE
NAME	FRAZEE, DORSEY R.	
STREET ADDRESS	403 LA JOLLA AVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	☒ DELETE
NAME	BERNARD, ALBERT R.	
STREET ADDRESS	2033 BERRY ROBERTS DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	☐ DELETE
NAME	PERHOCH, KENNETH E.	
STREET ADDRESS	408 SMITHFIELD LANE	
CITY-ST-ZIP	SUN CITY CENTER FL	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	BURRELL, WILLIAM E.	
1.3 STREET ADDRESS	2001 East View Drive	
1.4 CITY-ST-ZIP	Sun City Center, FL 33573	
2.1 TITLE	VPD	☐ Change ☒ Addition
2.2 NAME	HEININGER, H. G.	
2.3 STREET ADDRESS	2012 East View Drive	
2.4 CITY-ST-ZIP	Sun City Center, FL 33573	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	CLEARY, NANCY M.	
3.3 STREET ADDRESS	709 Ojai Avenue	
3.4 CITY-ST-ZIP	Sun City Center, FL 33573	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	WHITTLE, WILLIAM E.	
4.3 STREET ADDRESS	311 Caloosa Woods Lane	
4.4 CITY-ST-ZIP	Sun City Center, FL 33573	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	VALENTINE, RAYMOND T.	
5.3 STREET ADDRESS	1723 Del Webb Boulevard W.	
5.4 CITY-ST-ZIP	Sun City Center, FL 33573	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	SMITHYMAN, JOHN G.	
6.3 STREET ADDRESS	1927 East View Drive	
6.4 CITY-ST-ZIP	Sun City Center, FL 33573	

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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.G. Heininger, VP/Treas. - 813-634-2870

Date

Daytime Phone #

CR2E037 (12/95)