

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33573-5162

3. Date Incorporated or Qualified

04/10/1979

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-1971678

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

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

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 PD
NAME BURRELL, WILLIAM E.
STREET ADDRESS 2001 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY FL ☒ DELETETITLE VPD
NAME HEININGER, H.G.
STREET ADDRESS 2012 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY FL ☒ DELETETITLE SD
NAME CLEARY, NANCY M.
STREET ADDRESS 709 OJAI AVENUE
CITY-ST-ZIP SUN CITY FL ☐ DELETETITLE D
NAME WHITTLE, WILLIAM E.
STREET ADDRESS 311 CALOOSA WOODS LANE
CITY-ST-ZIP SUN CITY FL ☐ DELETETITLE D
NAME VALENTINE, RAYMOND T.
STREET ADDRESS 1723 DEL WEBB BOULEVARD W.
CITY-ST-ZIP SUN CITY CENTER FL ☒ DELETETITLE D
NAME SMITHMAN, JOHN G.
STREET ADDRESS 1927 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME HEININGER, H.G.
1.3 STREET ADDRESS 2012 EAST VIEW DR.
1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Change ☐ Addition2.1 TITLE VPD
2.2 NAME STANFIELD, JOHN T.
2.3 STREET ADDRESS 313 CALOOSA PALMS COURT
2.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition3.1 TITLE SD
3.2 NAME CLEARY, NANCY M.
3.3 STREET ADDRESS 709 OJAI AVENUE
3.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Change ☐ Addition4.1 TITLE D
4.2 NAME WHITTLE, WILLIAM E.
4.3 STREET ADDRESS 311 CALOOSA WOODS LANE
4.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Change ☐ Addition5.1 TITLE D
5.2 NAME ATKINS, THOMAS V.
5.3 STREET ADDRESS 1801 WEDGE COURT
5.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition6.1 TITLE TD
6.2 NAME SMITHMAN, JOHN G.
6.3 STREET ADDRESS 1927 EAST VIEW DRIVE
6.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Change ☐ Addition

14. I do 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.

SIGNATURE:

H. G. Heininger, President

813-634-2870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)