

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 010 ****70.50

DOCUMENT # 746702

1. Entity 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**

20013391



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1971678

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRON, WILLIAM A MR.
2115 CALOOSA BLVD
SUN CITY CENTER, FL 33573**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WILSON, JESSE R**
STREET ADDRESS **2010 EAST VIEW DR.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **Cline, Lee R**
STREET ADDRESS **303 Caloosa Woods Ln.**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **VPD** ☐ Delete
NAME **FIELDS, JAMES F**
STREET ADDRESS **2431 DEL WEBB BLVD. E**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **PD** ☒ Change ☐ Addition
NAME **Fields, James F**
STREET ADDRESS **2431 Del Webb Blvd. E**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **SD** ☐ Delete
NAME **BEILHARZ, MARY E**
STREET ADDRESS **1506 VALLEY FORGRE**
CITY-ST-ZIP **SUN CITY, FL**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Beilharz, Mary E**
STREET ADDRESS **1506 Valley Forge**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **TD** ☐ Delete
NAME **BARRON, WILLIAM A**
STREET ADDRESS **2015 NEW BEDFORD DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **Fisher, Harold L**
STREET ADDRESS **320 Caloosa Woods Ln.**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **D** ☒ Delete
NAME **CONAWAY, ROBERT R**
STREET ADDRESS **1811 NORTH PEBBLE BEACH BLVD**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **Fricke, Richard E**
STREET ADDRESS **1912 East View Dr.**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **D** ☐ Delete
NAME **GARDNER, DONNA F**
STREET ADDRESS **2308 EMERALD LAKE DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **Watson, Dorothy Ann**
STREET ADDRESS **1919 East View Dr.**
CITY-ST-ZIP **Sun City Center, FL 33573**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Barron

William A. Barron

02/17/05

813-634-2870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #