

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90002 017 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                            |                                                                                                                                                          |
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| <b>DOCUMENT # 746702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                           |                                                                                                                                                          |
| 1. Entity Name<br><b>CALOOSA GOLF AND COUNTRY CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                                                            |                                                                                                                                                          |
| Principal Place of Business<br><b>2115 CALOOSA BLVD.<br/>SUN CITY CENTER, FL 33573</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | Mailing Address<br><b>2115 CALOOSA BLVD.<br/>SUN CITY CENTER, FL 33573</b>                                                 |                                                                                                                                                          |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 3. Mailing Address                                                                                                         |                                                                                                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Suite, Apt. #, etc.                                                                                                        |                                                                                                                                                          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | City & State                                                                                                               |                                                                                                                                                          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                   | Zip                                                                                                                        | Country                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | 02212007 Chg-NP CR2E037 (12/06)                                                                                            |                                                                                                                                                          |
| 4. FEI Number<br><b>59-1971678</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | Applied For<br>Not Applicable                                                                                              |                                                                                                                                                          |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | <b>\$8.75 Additional<br/>Fee Required</b>                                                                                  |                                                                                                                                                          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | 7. Name and Address of New Registered Agent                                                                                |                                                                                                                                                          |
| <b>BARRON, WILLIAM A MR.<br/>2115 CALOOSA BLVD<br/>SUN CITY CENTER, FL 33573</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br><br>SIGNATURE <b>William A Barron</b> <i>W A Barron</i> 2/20/2007<br><small>(Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when registering) DATE</small>                                                                                                                                                                          |                                                                                                                           |                                                                                                                            |                                                                                                                                                          |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                                                                                                                          |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                                                                                            |                                                                                                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                      |                                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>CLINE, LEE R<br>303 CALOOSA WOODS LN<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | PD<br>BEILHARZ, MARY E<br>1506 VALLEY FORGE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>FIELDS, JAMES F<br>2431 DEL WEBB BLVD. E<br>SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | D<br>STEVENS, GENE<br>2316 EMERALD LAKE DRIVE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPS<br>BEILHARZ, MARY E<br>1506 VALLEY FORGE<br>SUN CITY, FL <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | TD<br>MACDOUGALL, JOHN<br>626 ALLEGHENY DRIVE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>BARRON, WILLIAM A<br>2015 NEW BEDFORD DRIVE<br>SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | SD<br>MOBERG, JACK<br>2117 MEADOWLARK LANE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>FISHER, HAROLD L<br>320 CALOOSA WOODS LN<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | D<br>MAHONEY, PATRICK<br>735 WINTERBROOKE LANE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>GARDNER, DONNA F<br>2308 EMERALD LAKE DRIVE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | D<br>LANESE, RICHARD<br>109 WINTERSONG LANE<br>SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I/We empowered. |                                                                                                                           |                                                                                                                            |                                                                                                                                                          |
| SIGNATURE: <b>M Beilharz</b> <i>M Beilharz</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | 2-20-2007 813-634-2870<br><small>Date Day Phone</small>                                                                    |                                                                                                                                                          |