


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **763407** (4)
1. Corporation Name
CALOOSA COUNTRY CLUB ESTATES PROPERTY OWNERS ASSOCIATION, INC.



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| Principal Place of Business P.O. BOX 5143 SUN CITY CENTER FL 33571-2143 | Mailing Address P.O. BOX 5143 SUN CITY CENTER FL 33571-2143 |
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| 3. Date Incorporated or Qualified 05/24/1982 | |
| 4. FEI Number 59-2529059 | Applied For <input type="checkbox"/> Not Applicable |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 8. Name and Address of Current Registered Agent FISCHER, JACK 1701 WEDGE COURT SUN CITY CENTER FL 33573 |
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| 10. Name and Address of New Registered Agent 81 Name JAMES W. THAR 82 Street Address (P.O. Box Number is Not Acceptable) 2019 EAST VIEW DRIVE 83 84 City SUN CITY CENTER FL 85 Zip Code 33573 |
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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 *James W. Thar, Pres.* (NOTE: Registered Agent signature required when reinstating) DATE *Jan. 26, 1998*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FISCHER, JACK | | 1.2 NAME JAMES W. THAR | |
| STREET ADDRESS 1701 WEDGE COURT | | 1.3 STREET ADDRESS 2019 EAST VIEW DRIVE | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | |
| TITLE MD | <input type="checkbox"/> DELETE | 2.1 TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MILLER, MAIDA | | 2.2 NAME | |
| STREET ADDRESS 2703 WEST VIEW DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 2.4 CITY-ST-ZIP | |
| TITLE VP | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SOLAND, BONNIE | | 3.2 NAME DAVID W. HEFFERNAN | |
| STREET ADDRESS 1915 EAST VIEW DRIVE | | 3.3 STREET ADDRESS 1805 WEDGE COURT | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 3.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | |
| TITLE TD | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE FD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SMITHMAN, JOHN | | 4.2 NAME DONALD W. UNDERWOOD | |
| STREET ADDRESS 1927 EAST VIEW DRIVE | | 4.3 STREET ADDRESS 1928 EAST VIEW DRIVE | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 4.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KNEELAND, THOMAS | | 5.2 NAME | |
| STREET ADDRESS 1987 EAST VIEW DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 5.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BOONEY, STANLEY | | 6.2 NAME | |
| STREET ADDRESS 2002 WEDGE COURT | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP SUN CITY CENTER FL | | 6.4 CITY-ST-ZIP | |

14. 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 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.

CR2E037 (10/97)