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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763407

1. Corporation Name

CALOOSA COUNTRY CLUB ESTATES PROPERTY OWNERS ASSOCIATION, INC.

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/24/1982

4. FEI Number

59-2529059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THAR, JAMES J.
2019 EAST VIEW DRIVE
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

James J. Thar

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

(NOTE: Registered Agent signature required when reinstating)

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THAR, JAMES W.
STREET ADDRESS 2019 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ DELETE

TITLE VPD
NAME MILLER, MAIDA
STREET ADDRESS 2703 WEST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL ☒ DELETE

TITLE SD
NAME HEFFERNAN, DAVID W.
STREET ADDRESS 1805 WEDGE COURT
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ DELETE

TITLE TD
NAME UNDERWOOD, DONALD W.
STREET ADDRESS 1928 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ DELETE

TITLE D
NAME KNEELAND, THOMAS
STREET ADDRESS 1987 EAST VIEW DRIVE
CITY-ST-ZIP SUN CITY CENTER FL ☒ DELETE

TITLE D
NAME BOONEY, STANLEY
STREET ADDRESS 2002 WEDGE COURT
CITY-ST-ZIP SUN CITY CENTER FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME ELIZABETH RODRIGUEZ-MALARIN
2.3 STREET ADDRESS 1904 EAST VIEW DRIVE
2.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME DICK GLADZISZEWSKI
5.3 STREET ADDRESS 1916 EAST VIEW DRIVE
5.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME JOHN VERCHOT
6.3 STREET ADDRESS 1931 EAST VIEW DRIVE
6.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

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, with all other like empowered.

SIGNATURE:

Donald W. Underwood
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W. UNDERWOOD 1/21/99 812-634-8110
Date Daytime Phone #

CR2E037 (1/98)