

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005651

**Entity Name:** CALOOSA CREEK I PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**409 E. COLLEGE AVE  
RUSKIN, FL 33570**Current Mailing Address:**PO BOX 1058  
RUSKIN, FL 33575**FEI Number: 59-3483263****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIMMER, KATHY  
409 E. COLLEGE AVE  
RUSKIN, FL 33570 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	T
Name	WICZALKOWSKI, RICHARD
Address	1224 CALOOSA CREEK COURT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	SECRETARY
Name	SCHWARTZ, JIM
Address	2325 EMERALD LAKE DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	P
Name	SHANGRAW, BOB
Address	2312 EMERALD LAKE DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	WURMNEST, CAROL
Address	1314 CALOOSA LAKE CT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	TERJUNG, DALE
Address	2357 EMERALD LAKE DR
City-State-Zip:	SUN CITY CENTER FL 33573

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BOB SHANGRAW****PRESIDENT****02/03/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date