

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90022 036 ****61.25

DOCUMENT # 763407

1. Entity 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 33591-5143**

40095133



04182007 Chg-NP CR2E037 (12/06)

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

4. FEI Number
59-2529059

Applied For
Not Applicable

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

**FISCHER, JOHN
1701 WEDGE CT
SUN CITY CENTER, FL 33571**

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, 2007**

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

TITLE **V** ☒ Delete
NAME **VERSHOT, CATHERINE**
STREET ADDRESS **1931 EAST VIEW DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **S** ☒ Delete
NAME **FISCHER, JOHN**
STREET ADDRESS **1701 WEDGE COURT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **S** ☐ Delete
NAME **ELMER, ROBERT**
STREET ADDRESS **1914 E VIEW DR.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **X P** ☐ Delete
NAME **HOFFER, LORRAINE**
STREET ADDRESS **2007 WEDGE CT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **P** ☒ Delete
NAME **FINK, KATHY**
STREET ADDRESS **1809 WEDGE CT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☒ Delete
NAME **ASHE, PAUL**
STREET ADDRESS **1923 E. VIEW DR.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Change ☒ Addition
NAME **MERLENE SMITHYMAN**
STREET ADDRESS **1927 EAST VIEW DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☐ Addition
NAME **LARRY CLARK**
STREET ADDRESS **2103 WEST VIEW DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **S** ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **S**
CITY-ST-ZIP **S**

TITLE **P** ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **P**
CITY-ST-ZIP **P**

TITLE **T** ☐ Change ☒ Addition
NAME **JOHN SMITHYMAN**
STREET ADDRESS **1927 EAST VIEW DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☐ Addition
NAME **STAN TULZAK**
STREET ADDRESS **2012 WEDGE COURT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

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 like empowered.

SIGNATURE:

John Smithyman **JOHN SMITHYMAN**

Date

4/18/07

Daytime Phone #