2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90200 024 ****61.25

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1. Entity Name
CALOOSA COUNTRY CLUB ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5143 SUN CITY CENTER, FL 33571-2143	P.O. BOX 5143 SUN CITY CENTER, FL 33591-5143

02272008 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITHYMAN, MERLENE 1927 EAST VIEW DRIVE SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ P CLARK, LARRY 2103 WEST VIEW DRIVE SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P) ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ELMER, ROBERT 1914 E VIEW DR. SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S) Fischer, John 1701 Wedge Court Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOFER, LORRAINE 2007 WEDGE CT SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D) Sturniolo, Larry 1945 East View Drive Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITHYMAN, JOHN 1927 EAST VIEW DRIVE SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T) Judith A. Oes Terle 2015 East View Drive Sun City Center, Fl 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULZAR, STAN 2012 WEDGE COURT SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D) Juczak, Stan 2012 Wedge Court Sun City Center, Fl 33573 ☒ Change ☐ 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 like empowered.

SIGNATURE: Judith Oesterle Judith Oesterle 2/29/08 813-633-3849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #