

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:10

DOCUMENT # **N02742** (7)

1. Corporation Name  
**CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, I NC.**

Principal Place of Business Mailing Address  
**SCHULTZ, DONALD I.**  
**202 CALOOSA LK CIR N.**  
**LAKE WALES FL 33853-5650**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/25/1984</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-2768201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent  
**SCHULTZ, DONALD**  
**202 CALOOS LK CIR N.**  
**LAKE WALES FL 33853**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE: *Donald I. Schultz* DATE: **1/13/95**  
Signature typed in printed name of registered agent or, if applicable, NOTE: Registered Agent signature required when nonrelating

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STAPLETON, ROBERT
STREET ADDRESS	157 1ST AVENUE NORTH
CITY-ST-ZIP	LAKE WALES FL
TITLE	VD
NAME	KASPER, RICHARD
STREET ADDRESS	230 CALOOSA LAKE CIR N
CITY-ST-ZIP	LAKE WALES FL
TITLE	SD
NAME	COLUMBO, ALICE
STREET ADDRESS	232 2ND AVE. NORTH
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	TD
NAME	SCHULTZ, DONALD
STREET ADDRESS	202 CALOOSA LK CIR N
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	MCKEE, JACK
STREET ADDRESS	159 CALOOSA LAKE CIR N.
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	MEIXSELL, GRACE
STREET ADDRESS	208 CALOOSA LAKE CIR N.
CITY-ST-ZIP	LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reported 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.

SIGNATURE: *Donald I. Schultz* DATE: **1/13/95** (813) 638-2609  
Signature typed in printed name of signing officer or director