CORI ANNU	NPROFIT PORATION IAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE B. Mortham ry of State CORPORATIONS		
DOCUN 1. Corporation	Name	(.)			
CALO NC.	OSA LAKE VILLAGE LAND	OWNER'S ASSOCIATI	ON, I	I INGULEN OU BANK HOU HOON OUR	
Principal Place	of Business	Mailing Address		{	
SCHULTZ. DOI 202 CALOOSA LAKE WALES	LK CIR N.	SCHULTZ. DONALD I. 202 CALOOSA LK CIR N LAKE WALES FL 33853-3			
				3. Date Incorporated or Qualified 04/25/1984	3a. Date of Last Report 01/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2768201	Applied For
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State		Serificate of Status Desired Serificate of Status Desired Serificate of Status Desired Serificate of Status Desired	Fee Required
23 Zip	Country	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	Ζιρ 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes Ano
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	TZ, DONALD			iress (P.O. Box Number is Not Acceptab	(a)
	LOOS LK CIR N. Vales fl 33853			wess (i.e. box Number is Not Acceptab	10)
LANE W	VALES PL 33803		83		
······································			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0502 gistered agent, or both, in the State of	and 617.1508, Florida Statute of Florida, Syzh change was au	es, the above-named corp uthorized by the corporati	poration submits this statement for the pulson's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	riallinal with, and accept the obligat	ons or, section 617.0503, Floi	rida Statutes.		
S		CANAL		SCHOLTE 1	15/96
12.	OFFICERS AND	and title if applicable (NOTI	E Registered Agent signature requi	red when reinstating)	0/5/96 DATE
12.	OFFICERS AND PD	and title if applicable (NOTI	NALD I.	SCHOLTE (0/5/96 DATE
TITLE NAME	OFFICERS AND PD STAPLETON, ROBERT	and title if applicable (NOTI	E: Registered Agent signature requil 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE SERS AND DIRECTORS IN 12 Change Addition
TITLE	OFFICERS AND PD	and title if applicable (NOTI	E Registered Agent signature requited 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE CHAND DIRECTORS IN 12 Change Addition
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