

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33853-5650SCHULTZ, DONALD I.
202 CALOOSA LK CIR N.
LAKE WALES FL 33853-66053. Date Incorporated or Qualified
04/25/19843a. Date of Last Report
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2768201

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, DONALD
202 CALOOS LK CIR N.
LAKE WALES FL 33853

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STAPLETON, ROBERT
STREET ADDRESS 157 1ST AVENUE NORTH
CITY-ST-ZIP LAKE WALES FL☒ DELETETITLE VD
NAME KASPER, RICHARD
STREET ADDRESS 230 CALOOSA LAKE CIR N
CITY-ST-ZIP LAKE WALES FL☐ DELETETITLE SD
NAME COLUMBO, ALICE
STREET ADDRESS 232 2ND AVE. NORTH
CITY-ST-ZIP LAKE WALES FL 33853☐ DELETETITLE TD
NAME SCHULTZ, DONALD
STREET ADDRESS 202 CALOOSA LK CIR N
CITY-ST-ZIP LAKE WALES FL☐ DELETETITLE D
NAME MCKEE, JACK
STREET ADDRESS 159 CALOOSA LAKE CIR N.
CITY-ST-ZIP LAKE WALES FL☐ DELETETITLE D
NAME MEIXSELL, GRACE
STREET ADDRESS 206 CALOOSA LAKE CIR N.
CITY-ST-ZIP LAKE WALES FL☐ DELETE1.1 TITLE PD
1.2 NAME MCKEE, JACK
1.3 STREET ADDRESS 159 CALOOSA LAKE CIR N
1.4 CITY-ST-ZIP LAKE WALES FL 33853☐ Change☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)