


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**SCHULTZ, DONALD I.
202 CALOOSA LK CIR N.
LAKE WALES FL 33853-5650**

3. Date Incorporated or Qualified

04/25/1984

4. FEI Number

59-2768201

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 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 617.0503, Florida Statutes.

SIGNATURE

Donald I. Schultz
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

1/25/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MCKE, JACK**
STREET ADDRESS **159 CALOOSAHAKA CIR. N.**
CITY-ST-ZIP **LAKE WALES FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD
KASPER, RICHARD**
STREET ADDRESS **230 CALOOSA LAKE CIR N**
CITY-ST-ZIP **LAKE WALES FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
COLUMBO, ALICE**
STREET ADDRESS **232 2ND AVE. NORTH**
CITY-ST-ZIP **LAKE WALES FL 33853**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
SCHULTZ, DONALD**
STREET ADDRESS **202 CALOOSA LK CIR N**
CITY-ST-ZIP **LAKE WALES FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MCKEE, JACK**
STREET ADDRESS **159 CALOOSA LAKE CIR N.**
CITY-ST-ZIP **LAKE WALES FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MEIXSELL, GRACE**
STREET ADDRESS **206 CALOOSA LAKE CIR N.**
CITY-ST-ZIP **LAKE WALES FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

14. I 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-

Donald I. Schultz

1/25/98 (941) 638-2166

CR2E037 (10/97)