

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90223 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N02742

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

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



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/25/1984 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2768201 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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* DATE: 2/10/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCKE, JACK | |
| STREET ADDRESS | 159 CALOOSAHAKE CIR. N. | |
| CITY-ST-ZIP | LAKE WALES FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KASPER, RICHARD | |
| STREET ADDRESS | 230 CALOOSA LAKE CIR N | <i>deceased</i> |
| CITY-ST-ZIP | LAKE WALES FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COLUMBO, ALICE | |
| STREET ADDRESS | 232 2ND AVE. NORTH | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SCHULTZ, DONALD | |
| STREET ADDRESS | 202 CALOOSA LK CIR N | |
| CITY-ST-ZIP | LAKE WALES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCKEE, JACK | |
| STREET ADDRESS | 159 CALOOSA LAKE CIR N. | |
| CITY-ST-ZIP | LAKE WALES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEIXSELL, GRACE | |
| STREET ADDRESS | 206 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | V.P. GREG VARGUS |
| 2.3 STREET ADDRESS | 4626 CALOOSA BLVD. |
| 2.4 CITY-ST-ZIP | LAKE WALES FL. 33853 |
| 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 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, with all other like empowered.

SIGNATURE: *Donald I. Schultz* DATE: 2/10/99

944-638-2664

CR2E037 (1/198)