2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02742

1. Entity Name
CALOOSA LAKE VILLAGE LAND OWNER'S
ASSOCIATION, INC.

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

01042005   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-2768201 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHULTZ, DONALD	Name
202 CALOOS LK CIR N.	Street Address (P.O. Box Number is Not Acceptable)
LAKE WALES, FL 33853	
	City ____ FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 Due by May 1, 2005	**9.** Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD**	☒ Delete	TITLE *PRES* NAME *Jo Ann Hill* STREET ADDRESS *4625 Caloosa Blvd.* CITY-ST-ZIP *Lake Wales, FL. 33859*	☒ Change ☐ Addition
NAME DUSZ, RICHARD			
STREET ADDRESS 210 CALOOSA LAKE CIR S.			
CITY-ST-ZIP LAKE WALES, FL			
TITLE **VP**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME SMITH, DIANA			
STREET ADDRESS 209 CALOOSAK CIR S			
CITY-ST-ZIP LAKE WALES, FL 33859			
TITLE **SD**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME COLUMBO, ALICE			
STREET ADDRESS 232 2ND AVE. NORTH			
CITY-ST-ZIP LAKE WALES, FL 33853			
TITLE **TD**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME SCHULTZ, DONALD			
STREET ADDRESS 202 CALOOSA LK CIR N			
CITY-ST-ZIP LAKE WALES, FL			
TITLE **D**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
NAME MCKEE, JACK			
STREET ADDRESS 159 CALOOSA LAKE CIR N.			
CITY-ST-ZIP LAKE WALES, FL			
TITLE **D**	☒ Delete	TITLE *D* NAME *Richard Dusz* STREET ADDRESS *210 Caloosa Lk Cir. S.* CITY-ST-ZIP *Lake Wales, FL. 33859*	☒ Change ☐ Addition
NAME SCHOENING, DOROTHY			
STREET ADDRESS 225 LAKE BLVD			
CITY-ST-ZIP LAKE WALES, FL 33853			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Donald I. Schult_ DONALD I. SCHULTZ   863-638-____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   2664