


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 031 ****61.25

DOCUMENT # N02742 1. Entity Name CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2768201	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHULTZ, DONALD 202 CALOOSA LK CIR N. LAKE WALES, FL 33853

7. Name and Address of New Registered Agent Name <u>Robert Beadhe</u> Street Address (P.O. Box Number is Not Acceptable) <u>229 CALOOSA LAKE CIR. S.</u> City <u>LAKE WALES</u> FL Zip Code <u>33859</u>

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 Robert E. Beadhe (Treasurer) Robert E. Beadhe 4-6-06
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, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P HILL, JO ANN 4625 CALOOSA BLVD LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP SMITH, DIANA 209 CALOOSAK CIR S LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
SD COLUMBO, ALICE 232 2ND AVE. NORTH LAKE WALES, FL 33853	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD SCHULTZ, DONALD 202 CALOOSA LK CIR N LAKE WALES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MCKEE, JACK 159 CALOOSA LAKE CIR N. LAKE WALES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
O DUSZ, RICHARD 210 CALOOSA LK CIR S LAKE WALES, FL 33859	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ASSISTANT - SEC. ALICE COLUMBO 232 2ND AVE NORTH LAKE WALES FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD ROBERT BEADHE 229 CALOOSA LAKE CIR. S. LAKE WALES FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD RAY GEORGE 4610 CALOOSA BLVD LAKE WALES FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert E. Beadhe Robert E. Beadhe 4-9-06- 863-638-2348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #