

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90026 019 \*\*\*\*61.25

<b>DOCUMENT # N02742</b> 1. Entity Name <b>CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>SCHULTZ, DONALD I.</b> <b>202 CALOOSA LK CIR N.</b> <b>LAKE WALES, FL 33853-5650</b>				Mailing Address <b>SCHULTZ, DONALD I.</b> <b>202 CALOOSA LK CIR N.</b> <b>LAKE WALES, FL 33853-5650</b>	
2. Principal Place of Business - No P.O. Box # <b>GAYLORD VAN ASDALE</b> Suite, Apt. #, etc. <b>241 LAKE BLVD</b> City & State <b>LAKE WALES, FL</b> Zip <b>33859</b>		3. Mailing Address <b>GAYLORD VAN ASDALE</b> Suite, Apt. #, etc. <b>241 LAKE BLVD</b> City & State <b>LAKE WALES, FL</b> Zip <b>33859</b>		03152007 Chg-NP CR2E037 (12/06) 4. FEI Number <b>59-2768201</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BEADLE, ROBERT</b> <b>229 CALOOSA LAKE CIR S</b> <b>LAKE WALES, FL 33859</b>			7. Name and Address of New Registered Agent Name <b>GAYLORD VAN ASDALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>241 LAKE BLVD</b> <b>LAKE WALES</b> City <b>FL</b> Zip Code <b>33859</b>		
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 <i>Gaylord Van Asdale</i> <b>GAYLORD VAN ASDALE, TREASURER</b> <b>17 MARCH 07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, JO ANN 4625 CALOOSA BLVD LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COCUMDO, ALICE 232 2ND AVE. NORTH LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director COCUMDO, ALICE 232 2ND AVE N LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEADLE, ROBERT 229 CALOOSA LAKE CIR S LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADLE, ROBERT 229 CALOOSA LAKE CIR S LAKE WALES, FL 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE, RAY 4610 CALOOSA BLVD LAKE WALES, FL 33859	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GAYLORD VAN ASDALE 241 LAKE BLVD LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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. <b>SIGNATURE: <i>Gaylord Van Asdale</i> GAYLORD VAN ASDALE, TREASURER</b> <b>17 MARCH 07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					