

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90112 024 \*\*\*\*70.00

<b>DOCUMENT # N02742</b> 1. Entity Name <b>CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>GAYLORD VAN ASDALE 241 LAKE BLVD. LAKE WALES, FL 33859</b>			Mailing Address <b>GAYLORD VAN ASDALE 241 LAKE BLVD. LAKE WALES, FL 33859</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VAN ASDALE, GAYLORD 241 LAKE BLVD. LAKE WALES, FL 33859</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>GAYLORD VAN ASDALE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		10 Jan. 08 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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 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	<b>P HILL, JO ANN 4625 CALOOSA BLVD LAKE WALES, FL 33859</b>	<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	<b>D COCUMDO, ALICE 232 2ND AVE. NORTH LAKE WALES, FL 33853</b>	<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	<b>D BEADLE, ROBERT 229 CACOOSA LAKE CIR S LAKE WALES, FL 33859</b>	<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	<b>SD GEORGE, RAY 4610 CACOOSA BLVD LAKE WALES, FL 33859</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TOMMY BROOKS 241 CALOOSA LAKE CIR. S. LAKE WALES, FL 33859</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VAN ASDALE, GAYLORD 241 LAKE BLVD. LAKE WALES, FL 33859</b>	<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		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:</b> <i>Gaylord Van Asdale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>GAYLORD VAN ASDALE</b> <small>Date</small>		10 JAN 08 863-638-3613 <small>Daytime Phone #</small>	