2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02742

1. Entity Name

CALOOSA LAKE VILLAGE LAND OWNER'S ASSOCIATION, I



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90183 026 ****61.25

Mailing Address Principal Place of Business SCHULTZ, DONALD I. SCHULTZ. DONALD 1. 202 CALOOSA LK CIR N. 202 CALOOSA LK CIR N. LAKE WALES FL 33853-5650 LAKE WALES FL 33853-5650 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-2768201 City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHULTZ, DONALD 202 CALOOS LK CIR N. LAKE WALES FL 33853 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Florida Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition Change TITLE ☐ Delete PD TITLE DUSZ, RICHARD NAME NAME STREET ADDRESS 210 CALOOSA LAKE CIR S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I AKE WALES FL Change Change DIANA SMITH 209 CALOGS AK. CIR. S TITLE • Delete TITLE NAME VARGUS, GREG NAME 4626 CALQOSA BLVD STREET ADDRESS AILEWALES FLI33859 STREET ADDRESS CITY-ST-ZIP™ LAKE WALES FL 33853 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete SD TITLE NAME COLUMBO, ALICE NAME STREET ADDRESS 232 2ND AVE. NORTH STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME SCHULTZ, DONALD NAME STREET ADDRESS 202 CALOOSA LK CIR N STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MCKEE, JACK NAME STREET ADDRESS 159 CALOOSA LAKE CIR N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL Addition ☐ Change TITLE ☐ Delete TITLE SCHOENING, DOROTHY NAME NAME STREET ADDRESS 225 LAKE BLVD STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP

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

12/03 863-634-2664