

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26131** (5)

1. Corporation Name

CALOOSA LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

S.R. 674 AND PEBBLE BEACH BLVD.
P O BOX 5497
SUN CITY CENTER FL 33571

Mailing Address

S.R. 674 AND PEBBLE BEACH BLVD.
P O BOX 5497
SUN CITY CENTER FL 33571

3. Date Incorporated or Qualified
04/27/1988

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0097184

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, LOU ELLEN
526 MANATEE DRIVE
RUSKIN FL 33570**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **ROSS, WAYNE**
STREET ADDRESS **342 NORTHWAY DR.**
CITY - ST - ZIP **SUN CITY CENTER FL**

TITLE ☒ DELETE

NAME **JOHNSON, SHIRLEY**
STREET ADDRESS **1819 E. DEL WEBB**
CITY - ST - ZIP **SUN CITY CENTER FL**

TITLE ☒ DELETE

NAME **REED, MARILYN**
STREET ADDRESS **316 NORTHWAY DR.**
CITY - ST - ZIP **SUN CITY CENTER FL**

TITLE ☒ DELETE

NAME **JOLLEY, R.V.**
STREET ADDRESS **240 LINGER LANE**
CITY - ST - ZIP **SUN CITY CENTER FL**

TITLE ☒ DELETE

NAME **GLASSER, ROBERT**
STREET ADDRESS **1830 E. DEL WEBB**
CITY - ST - ZIP **SUN CITY CENTER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. W. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

813/645-1529
Daytime Phone #

CR2E037 (12/95)