FILE NOW: FILING FEE IS $61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N26131 (5)

1. Corporation Name

CALOOSA LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
S.R. 674 AND PEBBLE BEACH BLVD. P O BOX 5497 SUN CITY CENTER FL 33571	S.R. 674 AND PEBBLE BEACH BLVD. P O BOX 5497 SUN CITY CENTER FL 33571

3. Date Incorporated or Qualified: 04/27/1988

4. FEI Number: 65-0097184 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILSON, LOU ELLEN
526 MANATEE DRIVE
RUSKIN FL 33570

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	OVP	☐ Change ☐ Addition
NAME	~~RAMSEY, ROSS P.~~		1.2 NAME		
STREET ADDRESS	~~340 NORTHWAY DR.~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~SUN CITY CENTER FL~~		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	JOHNSON, SHIRLEY		2.2 NAME		
STREET ADDRESS	1819 E. DEL WEBB		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLIN, ROBERT		3.2 NAME		
STREET ADDRESS	1805 DEL WEB BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, CAROL		4.2 NAME		
STREET ADDRESS	1607 EAST DEL WEBB BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~GLASSER, ROBERT~~		5.2 NAME		
STREET ADDRESS	~~1030 E. DEL WEBB~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~SUN CITY CENTER FL~~		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	Levine, Bernice		6.2 NAME		
STREET ADDRESS	302 Northway Dr.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Sun City Center, Fl. 33573		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Carol Cook 2/20/98 813/645-1569