

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26131

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0097184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, LOU ELLEN
526 MANATEE DRIVE
RUSKIN FL 33570

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
JOHNSON, SHIRLEY
1819 E. DEL WEBB
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SOLIN, ROBERT
1805 DEL WEB BLVD
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
COOK, CAROL
1607 EAST DEL WEBB BLVD
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEVINE, BERNICE
302 NORTHWAY DR
SUN CITY CENTER FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARSON, HARRY
320 NORTH WAY DR
SUN CITY CENTER FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 813-645-1569
Date Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90192 008 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)