

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90118 006 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N26131</b><br>1. Entity Name<br><b>CALOOSA LAKES PROPERTY OWNERS' ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>S.R. 674 AND PEBBLE BEACH BLVD.<br/>P O BOX 5497<br/>SUN CITY CENTER, FL 33571</b>   |  |   | Mailing Address<br><b>S.R. 674 AND PEBBLE BEACH BLVD.<br/>P O BOX 5497<br/>SUN CITY CENTER, FL 33571</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State   |  |   | City & State  |  |  |
| Zip  |  | Country   |   | 4. FEI Number<br><b>65-0097184</b>                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br>Not Applicable                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILSON, LOU ELLEN<br/>409 E COLLEGE AVENUE<br/>RUSKIN, FL 33570</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <u>TRIMMER, Kathy</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>409 E. College Ave.</u><br>City <u>Ruskin</u> State <u>FL</u> Zip Code <u>33570</u> |  |  |
| 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.<br><br>SIGNATURE <u>Kathy Trimmer</u> DATE <u>3-14-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</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<br/>Florida Department of State</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SHIERENBECK, DAVID A<br>1825 E DEL WEBB BLVD<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>MARSON, HARRY<br>320 NORTHWAY DR<br>SUN CITY CENTER, FL 33573            | <input checked="" type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SY<br>KELVER, GRACE<br>219 LINGER LANE<br>SUN CITY CENTER, FL 33573            | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ALVAREZ-LANG, CLAUDIA<br>231 LINGER LANE<br>SUN CITY CENTER, FL 33573     | <input checked="" type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SNYDER, DARRELL K<br>201 LINGER LANE<br>SUN CITY CENTER, FL 33573         | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>McGovern, Ellen<br>1825 E. Del Webb Blvd<br>Sun City Center FL 33573      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>Sudman Sam<br>1807 E Del Webb Blvd<br>Sun City Center FL 33573           | <input checked="" 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. |  |   |   |  |  |
| SIGNATURE: <u>David Schierenbeck</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <u>3-14-06</u> Daytime Phone # <u>(813) 645-1569</u>   |  |  |

*David Schierenbeck, President*