

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90014 047 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| 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 - No P.O. Box # 409 College Ave. E. | | 3. Mailing Address P.O. Box 5497 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Ruskin, FL | | City & State Sun City Center, FL | | 4. FEI Number 65-0097184 | |
| Zip 33570 | | Country US | | Applied For Not Applicable | |
| Zip 33571 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRIMMER, KATHY 409 E COLLEGE AVENUE RUSKIN, FL 33570 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHIERENBECK, DAVID A 1825 E DEL WEBB BLVD SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Matheny, Robert 220 Linger Lane Sun City Center, FL 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SY KELVER, GRACE 219 LINGER LANE SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T Kelper, Grace | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGOVERN, ELLEN 1822 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SNYDER, DARRELL K 201 LINGER LANE SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Andersen, Harold 1816 Del Webb Blvd. East Sun City Center, FL 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUDMAN, SAM 1807 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sudman, Sam | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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 supplement to 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 another like empowered. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3/10/08 813645-1369 Date Daytime Phone # | | |