


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N30837	
1. Entity Name LAKE CALOOSA LANDING PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 101 E. STUART AVE. 101 STUART AVENUE LAKE WALES, FL 33853	Mailing Address 101 E. STUART AVE. 101 STUART AVENUE LAKE WALES, FL 33853
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02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent FAZZINI, JOHN P 101 STUART AVENUE LAKE WALES, FL 33853

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAZZINI, MARIA 101 E STUART AVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZZINI, SILVIO M 101 E. STUART AVE. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAZZINI, JOHN P. 101 E. STUART AVE. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/05-80043-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOHN P. FAZZINI	Date <u>3/18/05</u> Daytime Phone # _____