

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 Mailing Address

101 E. STUART AVE. 101 E. STUART AVE.
 101 STUART AVENUE 101 STUART AVENUE
 LAKE WALES, FL 33853 LAKE WALES, FL 33853



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FAZZINI, MARIA
STREET ADDRESS	101 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	FAZZINI, SILVIO M
STREET ADDRESS	101 E. STUART AVE.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	PD
NAME	FAZZINI, JOHN P.
STREET ADDRESS	101 E. STUART AVE.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000275307
 03/24/05-80043-023 61.25

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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: _____ Date: 3/18/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR