

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



04102008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000907767
05/06/08-80001-012 61.25**

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. FAZZINI

Date

4/18/08

Daytime Phone #

863 676 0707