


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90266 017 ****61.25

DOCUMENT # N41818 1. Entity Name CALOOSA PALMS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2017 PRESTACIA LANE SUN CITY CENTER, FL 22570 US			Mailing Address P.O. BOX 1058 RUSKIN, FL 33570		
2. Principal Place of Business 409 E. College Ave			3. Mailing Address P.O. Box 1058		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State RUSKIN FL			City & State RUSKIN FL		
Zip 33570		Country US		4. FEI Number 59-3113838	
Zip 33575		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 AVE RUSKIN, FL 33570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 (NOTE: Registered Agent signature required when reinstating) DATE</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		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 ASHBRIDGE, SYDNEY 2036 PRESTANCIA LANE SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lascoda, Phil 2006 Prestancia Lane Sun City Center FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELLE, THERESA 2038 PRESTANCIA LANE SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, THOMAS 2036 PRESTANCIA LN SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sexton, Thomas 2036 Prestancia Lane Sun City Center FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(i), 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: Thomas Sexton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-05 (813) 645-1569 <small>Date Daytime Phone #</small>		

20046134



04042005 Chg-NP CR2E037 (10/03)