

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90483 049 \*\*\*\*61.25

<b>DOCUMENT # N45333</b> 1. Entity Name <b>CALOOSA PALMS II PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>409 E COLLEGE RUSKIN, FL 33570</b>			Mailing Address <b>P.O. BOX 6124 SUN CITY CENTER, FL 33570</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3113571</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570</b>				7. Name and Address of New Registered Agent Name <b>Trimmer, Kathy</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin</b> FL <b>33575</b>	
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LANCE, DON</b> <b>2013 E DEL WEBB</b> <b>SUN CITY CENTER, FL 33573</b>	<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	DT <b>BACKES, LAVERNE</b> <b>2058 PRESTANCIA LANE</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMIK, JOAN</b> <b>332 CALOOSA PALMS CT.</b> <b>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>PALMER, WILLIAM</b> <b>322 CALOOSA WOODS LANE</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PALMER, WILLIAM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WATERS, LEIGH</b> <b>315 CALOOSA WOODS LANE</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WATERS, Leigh</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WARD, HILLARD</b> <b>2024 E DEL WEBB</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>WARD, Hillard</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>DUCHARME, LUCILLE</b> <b>2005 E DEL WEBB</b> <b>SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ducharme, Lucille</b> <input checked="" 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 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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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04272006 Chg-NP CR2E037 (11/05)