

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90095 014 ****61.25

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1. Entity Name
CALOOSA POINT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1509 A SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573**

Mailing Address
**1509 A SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3236776

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MILTON, JEROLD
2301 E. DEL WEBB BLVD
SUN CITY CENTER, FL 33573**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PD MILTON, JEROLD 2301 E. DE WEBB BLVD SUN CITY CENTER, FL 33573 <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	SD WOLFE, WESLEY 2303 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY JANE BLARNEY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2308 DEL WEBB BLVD E. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERMAN, MARVO 612 WINTER BROOKE WAY SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANN ERICKSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2215 DEL WEBB BLVD E SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARKINS, JAMES 602 WINTER BROOKE WAY SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAM SHAVLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 607 WINTER BROOKE WAY SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTICUA, RICHARD 2314 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID ULRICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 606 WINTER BROOKE WAY SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07

Date

Daytime Phone #