2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90238 033 ****61.25

DOCUMENT # N94000005117

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

Principal Place of Business	Mailing Address
409 E COLLEGE AVE RUSKIN, FL 33570	P O BOX 1058 RUSKIN, FL 33575

02252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3294447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, LOU E 409 E COLLEGE AVENUE RUSKIN, FL 33570	Name TRIMMER Kathy Street Address (P.O. Box Number is Not Acceptable) 409 E. College Ave City Ruskin FL Zip Code 33570

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 _____ 3-10-06
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, 2006

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	S EVANS, BARBARA 618 WINTERBROOKE WAY SUN CITY CENTER, FL 33573	☐ Delete	S/Treas Evans, Barbara	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GROVE, RICHARD 725 WINTER BROOK WAY SUN CITY CENTER, FL 33573	☒ Delete	D Dillmuth, Sandra 728 Winterbrooke Way Sun City Center FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLIK, RONALD 742 WINTER BROOK WAY SUN CITY CENTER, FL 33573	☒ Delete	D Fortier, Robert 2434 E. Del Webb Blvd. Sun City Center FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFFY, JAMES 708 WINTER BROMNE WAY SUN CITY CENTER, FL 33573	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEISSLER, WALTER 704 WINTERBROOKE WAY SUN CITY CENTER, FL	☐ Delete	P Geissler, Walter	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGOLDRICK, CHARLOTTE 621 WINTERBROOKE WAY SUN CITY CENTER, FL	☐ Delete	VP McGoldrick, Charlotte	☒ Change ☐ 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: _____ 3-10-06 633-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WALTER Geissler