
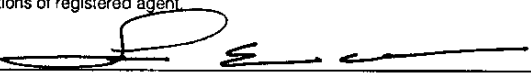
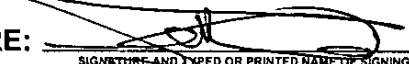


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 030 ****61.25

DOCUMENT # N97000004386 1. Entity Name CALOOSA PINES PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573	
2. Principal Place of Business 409 E. College Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33510		Zip 33575	
4. FEI Number 59-3483260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUREK, CATHY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name Lou Ellen Wilson 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  <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, 2006		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	VPD LIST, BETTY 1416 BLUEWATER DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOKMA, LORE 1403 BLUEWATER DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, LES 1402 BLUEWATER DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, LES 1402 BLUEWATER DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, LES 1402 BLUEWATER DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Les Pollard		3/10/06 8136336361 <small>Date Daytime Phone #</small>	