Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

2168 Muskagee Trail

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9800000940

1. Corporation Name

CALUSA LAKES AD HOC COMMITTEE, INC.

Principal Place of Business

2. Principal Place of Business

- 2168 Muskager Trant

Mailing Address

2154 MUSKOGEE TRAIL NOKOMIS FL 34275

2154 MUSKOGEE TRAIL NOKOMIS FL 34275

2a. Mailing Address

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90072 016 ****61.25

		10th 30191	90(3) BEI13	INCH SCALL BALL (B.)

3. Date incorporated or Qualifed

02/16/1998

Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FELINGINDEL		1.40	1100 1 01		
]	<u> </u>	_ ·			65-0801727		Not	Applicable		
City & State					5. Certificate of Status Desired		\$8.75 Additional			
			T L				Fee Req	juir e d		
Mickomis, F	Country	Zip	Country		6. Election Campaign Financing		\$5.00 A	vlav Be		
Zip	n – ` ⊢	ייל פטל די קל פטל די די די די	30 Ser	30ta -	Trust Fund Contribution	. 🗆	- Added to	•		
		· · · · · · · · · · · · · · · · · · ·	301 367		10. Name and Address of New f	Registered	Agent			
g. Name as	nd Address of Current Re	gistered Agent	81	Name	TO. Health and Addition of the					
			"	1401116			. <u></u> _			
HINES, CHARLES D ES	SQUIRE		82	82 Street Address (P.O. Box Number is Not Acceptable)						
1001 AVENIDA DEL CII										
VENICE FL 34285			83							
7LINOL 1 L 07200			-	014			85 Zip C	ode		
			84	City		FL	_ 00			
agent. I am tamiliar with, GNATURE	and accept the obligations	6 01, Secuoli 6 17.0505, Fior	ida Statutes	If signature required	n's board of directors. I hereby acce	DATE				
algneture, typed or	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OF	FICERS AN	AD DIRECTOR	₹S IN 121		
- 7			1.1 TITLE				Change	Addition Addition		
Preside										
Jerry Zimlin REETADDRESS 2168 Muskojel Trail										
EET ADDRESS 2/68 /	יין זענס הנערי	275		TADORESS						
Y-ST-ZIP NOKON	nis, FL 34	<u>^//</u>	1.4 CITY-S	T-ZIP			☐ Change	Additio		
E Vice i	president (V)	(O) DELETE	2.1 TITLE	1				_		
E 13.771 1	Melville -	1	2.2 NAME							
REET ADDRESS スパフス	MUSKUGEE	411 	1	T ADORESS						
Y-ST-ZIP NOKON	nis, FL 347	275	2.4 CITY-5	ST-ZIP			Change	Addition		
E Secret	Melville Muskogee Tr mis, FL 347 lary (S, Ellinghaus White Frathe	(O) DELETE	3.1 TITLE	į				٠		
ME Parl	Ellinghous		3.2 NAME							
REET ADDRESS 2025	white Frathe	rafill (3.3 STREE	TADDRESS	••					
(-ST-ZIP /VC.KO	1115, FL. 34	2 <i>7.5</i>	3.4. CITY-5	ST-ZIP			Change	Addit		
E Trus	vrer (T) I Dewan Calust, Lak	DELETE	4.1 TITLE .				[] Criange			
E Gral	1 Ocwan		4. 2 NAME							
REET ADDRESS 3006	Calust, Lak	rs BIVA	4.3 STREE	TADORESS						
Y-ST-ZIP NOKO	mis, FL 34	スプ	4.4 CITY-S	IT-ZIP				F7 8443		
LE .	,	☐ DELETE	5.1 TITLE				Change	Additi		
vaE			5.2 NAME							
REET ADDRESS			5.3 STREE	TADDRESS						
Y-ST-ZIP			5.4 CITY-S	ST-ZIP						
E		☐ DELETE	6.1 TITLE				Change	☐ Addit		
ME			6.2 NAME							
REET ADDRESS			6.3 STREE	T ADDRESS			•			
			64 CITY-S	xr.7IP						

14. 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 annual report or supplemental annual 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 12 or Block 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

- JERRY ZEMUN