

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S24065**

(2)

1. Corporation Name

CALUSA LAKES REALTY, INC.



Principal Place of Business

**2477 STICKNEY PT RD
SUITE 221-B
SARASOTA FL 34231
US**

Mailing Address

**2477 STICKNEY PT RD
SUITE 221-B
SARASOTA FL 34231
US**

2. Principal Place of Business

21 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

22
City & State

23 Nokomis, FL

24 Zip **34275**

Country

2a. Mailing Address

26 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

27
City & State

28 Nokomis, FL

29 Zip **34275**

Country

3. Date Incorporated or Qualified

01/10/1991

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0237557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOHNSON, SHERELL W JR
2477 STICKNEY POINT RD
SUITE 221-B
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2029 Calusa Lakes Blvd.

83

84 City

Nokomis,

FL

85 Zip Code

34275

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sherell W. Johnson, Director

4/30/96

(DATE) Registered Agent Signature required when resigning

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **JOHNSON, SHERELL W JR**
STREET ADDRESS **2477 STICKNEY PT RD 221-**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE

NAME **SCHROCK, AMMON**
STREET ADDRESS **101 CHARDIN DR**
CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2029 Calusa Lakes Blvd.
Nokomis, FL 34275**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Nisley, Andy
2029 Calusa Lakes Blvd.
Nokomis, FL 34275**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherell W. Johnson, Jr.

4/30/96

941-484-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)