## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 442312

CALUSA CAMP RESORT, INC.						
						BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN 1884
Principal Place of Business Mailing Address						
325 CALUSA KEY LARGO FL 33037 KEY LARGO FL 33037 KEY LARGO FL 33037					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualifed	11.10 07.102
					01/04/1974	,
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1904448	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
27			·		5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country Zip		Countr	у	8. This corporation owes the current ye	ar Intangible
24	25	29 .	30		Personal Property Tax.	☐ Yes DX6
	9. Name and Address of Curre	nt Registered Agent	8.	1 Name	10. Name and Address of New Regist	ered Agent
EAG	GER, GEORGE	,	"	Name		
325 CALUSA			82	82 Street Address (P.O. Box Number is Not Acceptable)		
KEY LARGO FL 33037			9.	83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			0.	1		
			84	4 City	e week standard	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statut	es the abov	re-named co	prporation submits this statement for the purpo	
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	y the corpora	ation's board of directors. I hereby accept the	appointment as registered
-	am familiar with, and accept the obliga	ations of, Section 607.0505, Fig	nda Statute	S.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Age	ent signature requ	Jired when reinstating); , DA	re :
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD DELETE		1.1 TITLE		* State	☐ Change ☐ Addition
NAME	EAGER, GEORGE SR.		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY- ST- ZIP			·
TITLE	STD DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	EAGER, GEORGE W., JR.		2.2 NAME			
STREET ADDRESS	s 325 CALSUA			ET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL			ST-ZIP	•	
TITLE ,	VP □ DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME	EAGER, SUE E.		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			The state of the state of
CITY-ST-ZIP	KEY LARGO FL		3.4. C/TY-	ST-ZIP		
TITLE	, · · · ·	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS		A Comment	4.3 STREE	TADDRESS		
CITY-ST-ZIP		□ NEI ETE	4.4 CITY-5	ST-ZiP	·	Change 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		. 🗖 DELETE	5.1 TITLE 5.2 NAME			☐ Change ☐ Addition
NAME				TARRES		
STREET ADDRESS	8%			TADORESS	• ••	
CITY-ST-ZIP	5.4		5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change ☐ Addition
TITLE	Carlo Carlo		6.2 NAME	İ		☐ Change ☐ Addition
NAME	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			T ADDRESS		
STREET ADDRESS						

CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

-457-0232

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90024 035 \*\*\*150.00