

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0004070

04-09-2002 90027 038 ****61.25

DOCUMENT # N01000003621

1. Entity Name

SETTLER'S RIDGE AT CALICO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE FL 32216	Mailing Address 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE FL 32216
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country	Zip	Country
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4. FEI Number 59-3744778	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEMANIK, JOHN A
2120 CORPORATE SQUARE BOULEVARD
SUITE 3
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME SEMANIK, JOHN A	
STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VD	<input type="checkbox"/> Delete
NAME SEMANIK, ARNOLD J	
STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE STD	<input type="checkbox"/> Delete
NAME CARPENTER, KATHERINE S	
STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Daytime Phone #

CR2E037 (9/01)