

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90026 019 \*\*\*\*70.00

**40003555**



01112005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business <i>32174 Settlers Ridge Drive</i>		3. Mailing Address <i>P.O. Box 28</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bryceville, Florida</i>		City & State <i>Bryceville, Florida</i>	
4. FEI Number 59-3744778		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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 <i>Jennifer D. Biscuit</i> Street Address (P.O. Box Number is Not Acceptable) <i>32174 Settlers Ridge Drive</i> City <i>Bryceville</i> FL Zip Code <i>32009</i>	
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 <i>Jennifer D. Biscuit PD</i>		DATE <i>Jennifer D. Biscuit 1-10-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD SEMANIK, JOHN A 2120 CORPORATE SQUARE BOULEVARD #3 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jennifer D. Biscuit P.O. Box 28 Bryceville, FL 32009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESNIAK, JENNIE 2120 CORPORATE SQUARE BOULEVARD #3 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rebecca Murph P.O. Box 28 Bryceville, FL 32009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARPENTER, KATHERINE S 2120 CORPORATE SQUARE BOULEVARD #3 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Judy Harvey P.O. Box 28 Bryceville, FL 32009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jennifer D. Biscuit</i>		DATE: <i>Jennifer D. Biscuit 1-10-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(904) 266-9708</i>	