


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90064 032 ****61.25

DOCUMENT # N01000003621

1. Entity Name
SETTLER'S RIDGE AT CALICO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**32174 SETTLERS RIDGE DRIVE
 BRYCEVILLE, FL 32009**

Mailing Address
**PO BOX 28
 BRYCEVILLE, FL 32009**

40062043



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3744778

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MORGAN, TERRY R.
 32216 SETTLERS RIDGE DR
 BRYCEVILLE, FL 32009**

7. Name and Address of New Registered Agent
 Name **JENNIFER BISCUIT**
 Street Address (P.O. Box Number is Not Acceptable)
32174 Settlers Ridge Drive
 City **Bryceville** FL Zip Code **32009**

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 Jennifer P Biscuit, President DATE 4/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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 MORGAN, TERRY R PO BOX 28 BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Jennifer Biscuit <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 28 Bryceville, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISCUIT, JENNIFER PO BOX 28 BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Stone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 28 Bryceville, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, JOHN PO BOX 28 BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry Morgan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 28 Bryceville, FL 32009
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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 exemptions contained in Chapter 119, 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: Jennifer P Biscuit DATE 4/12/07 (904) 216-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #