




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90065 014 \*\*\*\*61.25

<b>DOCUMENT # N01000003621</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3744778	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BISCUIT, JENNIFER 32174 SETTLERS RIDGE DR BRYCEVILLE, FL 32009			Name <i>Faith Rautter</i> Street Address (P.O. Box Number is Not Acceptable) <i>32252 Settlers Ridge Drive</i> City <i>Bryceville</i> FL <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>Faith Rautter, PD</i>		DATE <i>1-4-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, TERRY R		NAME	<i>Faith Rautter</i>	
STREET ADDRESS	PO BOX 28		STREET ADDRESS	<i>P.O. Box 28</i>	
CITY-ST-ZIP	BRYCEVILLE, FL 32009		CITY-ST-ZIP	<i>Bryceville, FL 32009</i>	
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<i>D-S/T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCUIT, JENNIFER		NAME		
STREET ADDRESS	PO BOX 28		STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE, FL 32009		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JOHN		NAME		
STREET ADDRESS	PO BOX 28		STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE, FL 32009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date <i>1-4-08</i>		Daytime Phone # <i>904.266-4449</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	