

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10555 (3)

1. Corporation Name

CALICO COUNTRY-TAMARAC HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

% J & L PROPERTY MGMT., INC.
10191 W. SAMPLE RD SUITE 205B
CORAL SPRINGS FL 33065

% J & L PROPERTY MGMT., INC.
10191 W. SAMPLE RD SUITE 205B
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2562041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CALDERAZZO, JAMES
% J & L PROPERTY MGMT., INC.
10191 W. SAMPLE RD. SUITE 205B
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Walter B. Bish

(NOTE: Registered Agent signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GAGLIARDI, FRANK
STREET ADDRESS 8816 NW 76 ST
CITY-ST-ZIP TAMARAC FL

TITLE SD ☐ DELETE

NAME LORI CANINO,
STREET ADDRESS 8819 NW 76TH STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE VPD ☒ DELETE

NAME JOHN HERRING,
STREET ADDRESS 7527 N.W. 88TH LANE
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD ☐ DELETE

NAME GIELSKI, JOHN
STREET ADDRESS 8824 NW 76 STREET
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter B. Bish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)