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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33065-3959

3. Date Incorporated or Qualified: 08/05/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2562041 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~ D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GAGLIARDI, FRANK		1.2 NAME		
STREET ADDRESS	8816 NW 76 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~LORI CANINO,~~		2.2 NAME		
STREET ADDRESS	~~8819 NW 76TH STREET~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMARAC FL 33321~~		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIELSKI, JOHN		3.2 NAME		
STREET ADDRESS	8824 NW 76 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	BJORKGREN, BARBARA	☐ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	8805 NW 76th ST	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ DELETE	5.1 TITLE	BJORKLUND, WALTER	☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	8805 NW 76th ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ DELETE	6.1 TITLE	DEMAY, JEFFREY	☐ Change ☒ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	8826 NW 75 CT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMARAC, FL. 3332)	

CR2E037 (9/96)

14. I do 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 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: [illegible] 3/24/97