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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

470899 - 90051 - 12

DOCUMENT # N10555

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 — 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

3. Date Incorporated or Qualified: 08/05/1985

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

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	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	GAGLIARDI, FRANK		1.2 NAME	M. Hunt	
STREET ADDRESS	8816 NW 76 ST		1.3 STREET ADDRESS	7618 NW 88 Circle	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	Tamarac, FL	
TITLE	~~D~~ President	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BJORKGREN, BARBARA		2.2 NAME	Paul Mynatt	
STREET ADDRESS	8805 N.W. 76TH ST		2.3 STREET ADDRESS	7689 NW 88 Way	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP	Tamarac, FL	
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	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BJORKGRED, WALTER		4.2 NAME		
STREET ADDRESS	8805 NW 76TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 2/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)