5/4/

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2001 8:00 am**
**Secretary of State**
05-04-2001 90162 046 ****61.25

DOCUMENT # N10555

1. Entity Name

CALICO COUNTRY-TAMARAC HOMEOWNERS' ASSOCIATION,

| Principal Place of Business | Mailing Address |
|---|---|
| % J & L PROPERTY MGMT., INC.<br>10191 W. SAMPLE RD SUITE 205B<br>CORAL SPRINGS FL 33065 | % J & L PROPERTY MGMT., INC.<br>10191 W. SAMPLE RD SUITE 205B<br>CORAL SPRINGS FL 33065 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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.

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GAGLIARDI, FRANK<br>8816 NW 76 ST<br>TAMARAC FL | ☒ Delete | TITLE D<br>NAME Melinda Dalrymple<br>STREET ADDRESS 8809 NW 75th Ct.<br>CITY-ST-ZIP TAMARAC, FL. | ☐ Change | ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BJORKGREN, BARBARA<br>8805 N.W. 76TH ST<br>TAMARAC FL | ☐ Delete | TITLE D<br>NAME Evangeline McLloyd<br>STREET ADDRESS 7515 NW 88 WAY<br>CITY-ST-ZIP TAMARAC, FL. | ☐ Change | ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZONTS, WILLIAM<br>8868 NW 76TH PLACE<br>TAMARAC FL 33321 | ☒ Delete | TITLE D<br>NAME Lori Bolte<br>STREET ADDRESS 7605 NW 88 Cir.<br>CITY-ST-ZIP TAMARAC, FL. | ☐ Change | ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MILLOWT, LARRY<br>7618 NW 88 N. CIR.<br>TAMPA FL | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MYNATT, PAUL<br>7689 NW 88 WAY<br>TAMPA FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |

CR2E037 (10/00)

12. 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 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:** SIGNATURE REQUIRED 5-22-01 9:54 346.2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #