

# 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 # N03345 (8)**  
1. Corporation Name  
**CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O DISTINCTIVE PROPERTIES, INC.**  
**1888 N.W. 21ST STREET SUITE 201**  
**POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified **05/29/1984** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2682110** 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**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 **2421 SW 12TH AVENUE** 26 **2421 SW 12TH AVENUE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **DAVIE, FL** 27 **DAVIE, FL**  
City & State City & State  
23 **33325** 25 **US** 29 **33325** 30 **US**  
Zip Country Zip Country

## 9. Name and Address of Current Registered Agent

**GREEN, BRUCE DAVID**  
**901 S. FEDERAL HWY SUITE 300**  
**FT. LAUDERDALE FL 33316**

## 10. Name and Address of New Registered Agent

81 Name **Miele Brothers Management, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2421 SW 12TH AVENUE**  
83 **DAVIE**  
84 **FL** 85 **33325**  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, DARRYL</b>	
STREET ADDRESS	<b>8251 S.W. 41ST CT</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMPertz, MEREDITH</b>	
STREET ADDRESS	<b>8410 SW 41ST ST</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANTOME, GREG</b>	
STREET ADDRESS	<b>8401 SW 41ST CT</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TURSI, JIM</b>	
STREET ADDRESS	<b>8400 SW 41ST CT</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, ROBERT STEVE</b>	
STREET ADDRESS	<b>8370 SW 41ST CT</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NOSEL, ROBERT</b>	
STREET ADDRESS	<b>8210 SW 41ST CT</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOPEZ, MARGARET</b>	
1.3 STREET ADDRESS	<b>9361 SW 41 COURT</b>	
1.4 CITY - ST - ZIP	<b>DAVIE, FL 33328</b>	
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GOMPertz, MEREDITH</b>	
2.3 STREET ADDRESS	<b>8410 SW 41ST ST</b>	
2.4 CITY - ST - ZIP	<b>DAVIE FL 33329</b>	
3.1 TITLE	<b>THAKISKAS, SUXPH</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>8430 SW 41ST CT</b>	
3.3 STREET ADDRESS	<b>DAVIE, FL 33324</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SMITH, FRANCIS</b>	
4.3 STREET ADDRESS	<b>9336 SW 41 COURT</b>	
4.4 CITY - ST - ZIP	<b>DAVIE, FL 33328</b>	
5.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ELLIS, ROBERT STEVE</b>	
5.3 STREET ADDRESS	<b>9370 SW 41ST CT</b>	
5.4 CITY - ST - ZIP	<b>DAVIE, FL 33329</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TURSI, JIM</b>	
6.3 STREET ADDRESS	<b>8400 SW 41ST CT</b>	
6.4 CITY - ST - ZIP	<b>DAVIE, FL 33328</b>	

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:

**Robert Ellis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-9-96 954-423-9978**

CR2E037 (12/95)