

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03345 (8)**  
 1. Corporation Name  
**CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>2421 SW 127TH AVENUE DAVIE FL 33325 US</b>	Mailing Address <b>2421 SW 127TH AVENUE DAVIE FL 33325-5600 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1984</b>	3a. Date of Last Report <b>02/21/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2682110</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	25 Country	29 Zip		30 Country	
2. Principal Place of Business		2a. Mailing Address		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MIELE BROTHERS MANAGEMENT INC</b> <b>2421 SW 127TH AVENUE</b> <b>DAVIE FL 33325</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOPEZ, MARGARET</b>	1.2 NAME	<b>SMITH, DARRYL</b>
STREET ADDRESS	<b>8361 SW 41ST COURT</b>	1.3 STREET ADDRESS	<b>9251 SW 41 COURT</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	1.4 CITY-ST-ZIP	<b>DAVIE FL 33325</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMPERTZ, MEREDITH</b>	2.2 NAME	
STREET ADDRESS	<b>8410 SW 41ST ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALISKAS, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>8430 SW 41ST COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, FRANCIS</b>	4.2 NAME	<b>TISDALE, GERRY</b>
STREET ADDRESS	<b>8330 SW 41ST COURT</b>	4.3 STREET ADDRESS	<b>8271 SW 41 COURT</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	4.4 CITY-ST-ZIP	<b>DAVIE FL 33325</b>
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, ROBERT STEVE</b>	5.2 NAME	
STREET ADDRESS	<b>8370 SW 41ST CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TURSI, JIM</b>	6.2 NAME	<b>DICKSON, ANNE</b>
STREET ADDRESS	<b>8400 SW 41ST COURT</b>	6.3 STREET ADDRESS	<b>8281 SW 41 COURT</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	6.4 CITY-ST-ZIP	<b>DAVIE FL 33325</b>

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 \_\_\_\_\_

CR2E037 (9/96)

**OFFICERS AND DIRECTORS ADDITIONS FOR CALICO  
COUNTRY HOMEOWNER'S ASSOCIATION :**

**DOCUMENT # NO3345**  
**CORPORATE ANNUAL REPORT : 1997**

TITLE : D  
NAME : MALLEY, RON  
STREET ADDRESS : 8301 SW 41 COURT  
CITY, STATE, ZIP : DAVIE, FL 33328

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TITLE : D  
NAME : SHUPP, PAT  
STREET ADDRESS : 8221 SW 41 COURT  
CITY, STATE, ZIP : DAVIE, FL 33328

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