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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03345 (8)
1. Corporation Name
CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.
COUNTRY

Principal Place of Business 2421 SW 127TH AVENUE DAVIE FL 33325 US	Mailing Address 2421 SW 127TH AVENUE DAVIE FL 33325 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/29/1984	4. FEI Number 59-2682110	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MIELE BROTHERS MANAGEMENT INC
2421 SW 127TH AVENUE
DAVIE FL 33325**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE S	NAME SMITH, DARRYL STREET ADDRESS 8251 SW 41 COURT CITY-ST-ZIP DAVIE FL	1.1 TITLE Secretary 1.2 NAME Lopez, Margaret 1.3 STREET ADDRESS 4361 SW 41 Ct. 1.4 CITY-ST-ZIP DAVIE FL 33324
TITLE P	NAME GOMPERTZ, MEREDITH STREET ADDRESS 8410 SW 41ST ST CITY-ST-ZIP DAVIE FL	2.1 TITLE VP 2.2 NAME MALISKAS, JOSEPH 2.3 STREET ADDRESS 8430 SW 41ST COURT 2.4 CITY-ST-ZIP DAVIE FL
TITLE D	NAME TISDELL, GERRY STREET ADDRESS 8271 SW 41 COURT CITY-ST-ZIP DAVIE FL	3.1 TITLE Director 3.2 NAME White, Daniel 3.3 STREET ADDRESS 8410 SW 41 Ct. 3.4 CITY-ST-ZIP DAVIE FL 33324
TITLE T	NAME ELLIS, ROBERT STEVE STREET ADDRESS 8370 SW 41ST CT CITY-ST-ZIP DAVIE FL	4.1 TITLE Treasurer 4.2 NAME David Metlinka 4.3 STREET ADDRESS 8300 SW 41 St 4.4 CITY-ST-ZIP DAVIE FL 33324
TITLE D	NAME DICKSON, ANNE STREET ADDRESS 8231 SW 41 COURT CITY-ST-ZIP DAVIE FL	5.1 TITLE Director 5.2 NAME White, Daniel 5.3 STREET ADDRESS 8410 SW 41 Ct. 5.4 CITY-ST-ZIP DAVIE FL 33324

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.

SIGNATURE: *Meredith Gompertz* *Robert Ellis* *2/17/98* (654) 432-1123

CR2E037 (10/97)