

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90059 050 \*\*\*\*61.25

**DOCUMENT # N03345**

1. Entity Name

**CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**2421 SW 127TH AVENUE  
DAVIE FL 33325  
US**

Mailing Address

**2421 SW 127TH AVENUE  
DAVIE FL 33325  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2682110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MIELE BROTHERS MANAGEMENT INC  
2421 SW 127TH AVENUE  
DAVIE FL 33325****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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITEMAN, DANIEL</b> <b>8410 SW 41 COURT</b> <b>DAVIE FL 33328</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROSSWALD, GARY</b> <b>8251 SW 41 COURT</b> <b>FORT LAUDERDALE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUGO, ENERY</b> <b>8360 SW 41 COURT</b> <b>DAVIE FL 33328</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SADOWSKI, MARY ELLEN</b> <b>8270 SW 41 COURT</b> <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANDOREN, SALLY</b> <b>8340 SW 41 COURT</b> <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GROSSWALD, PAM</b> <b>8251 SW 41 CT</b> <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, DIR</b> <b>Georgianna, Melissa.</b> <b>9360 SW 41 Ct.</b> <b>DAVIE, FL 33325.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>Quijadela, Jose.</b> <b>8371 SW 41 Ct.</b> <b>DAVIE, FL 33325.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Gillingham, Susan.</b> <b>4151 SW 84 TELL.</b> <b>DAVIE, FL 33325</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOPEZ, Margaret.</b> <b>8361 SW 41 Ct.</b> <b>DAVIE, FL 33325</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'Brien, Steve.</b> <b>8351 SW 41 Ct.</b> <b>DAVIE, FL 33325</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)