

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90055 046 \*\*\*\*61.25

**DOCUMENT # N03345**

1. Entity Name  
**CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**SWIFT MANAGEMENT SOLUTIONS**  
**1750 UNIVERSITY DR #205**  
**CORAL SPRINGS, FL 33071 US**

Mailing Address  
**SWIFT MANAGEMENT SOLUTIONS**  
**1750 UNIVERSITY DR #205**  
**CORAL SPRINGS, FL 33071 US**

**44004255**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2682110**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWIFT MANAGEMENT & SOLUTIONS**  
**1750 UNIVERSITY DR #205**  
**CORAL SPRINGS, FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GEORGIANNA, MELISSA  
STREET ADDRESS 8360 SW 41 CT  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LOPES, LOU ANN  
STREET ADDRESS 8361 SW 41 CT  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GROSSWALD, PAM  
STREET ADDRESS 8251 SW 41 CT  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SADOWSKI, MARY ELLEN  
STREET ADDRESS 8270 SW 41 COURT  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GILLINGHAM, SUE  
STREET ADDRESS 4151 SW 84 TERR  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME QUIJAOLA, JOSE  
STREET ADDRESS 8371 SW 41 CT  
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

1/22/04 95434-6340