

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 012 ****61.25

DOCUMENT # N03345

1. Entity Name

CALICO COUNTRY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
8360 SW 41ST COURT
DAVIE, FL 33325 US

Mailing Address
USA SERVICES
6915 TAFT STREET
HOLLYWOOD, FL 33024 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302007

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

EICHNER, BAKALAE P.A.
150 SOUTH PINES ISLAND RD
SUITE 540
PLANTATION, FL 33324-4994

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 relisting.)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	T	<input type="checkbox"/> Delete
NAME	GEORGIANNA, MELISSA	
STREET ADDRESS	8360 SW 41 CT.	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPES, LOU ANN	
STREET ADDRESS	8361 SW 41 CT	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROSSWALD, GARY	
STREET ADDRESS	8251 SW 41 CT	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRY, WILLIAM	
STREET ADDRESS	4131 SW 84TH TER	
CITY-ST-ZIP	DAVIE, FL 33355	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELEGARI, PATRICIA	
STREET ADDRESS	8221 SW 21ST COURT	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUIJAOLA, JOSE	
STREET ADDRESS	8371 SW 41 CT	
CITY-ST-ZIP	DAVIE, FL 33325	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/2/07

Date

954-476-5762

Daytime Phone #