

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03345

FILED
Mar 10, 2009
Secretary of State

Entity Name: CALICO COUNTRY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8360 SW 41ST COURT
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O COMMAND MANAGEMENT LLC
PO BOX 530501
MIAMI SHORES, FL 33153 US

New Mailing Address:

C/O COMMAND MANAGEMENT LLC
1835 NE MIAMI GARDENS DR., #204
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 59-2682110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHNER, BAKALAE P.A.
150 SOUTH PINES ISLAND RD
SUITE 540
PLANTATION, FL 333244994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GEORGIANNA, MELISSA
Address: 8360 SW 41 CT.
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: LOPEZ, LOU ANN
Address: 8361 SW 41 CT
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: GROSSWALD, GARY
Address: 8251 SW 41 CT
City-St-Zip: DAVIE, FL 33328

Title: P () Delete
Name: BARRY, WILLIAM
Address: 4131 SW 84TH TER
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: LOPEZ, LOU ANN
Address: 8361 SW 41 CT
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: QUIJADA, JOSE
Address: 8371 SW 41 CT
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVANS, FRANKLIN T
Address: 4141 SW 84 TERR
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R BARRY IV

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date