

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009719

FILED
May 01, 2009
Secretary of State

Entity Name: CALICO WOODS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

9078 FORD ROAD
BRYCEVILLE, FL 32009

New Principal Place of Business:

Current Mailing Address:

9078 FORD ROAD
BRYCEVILLE, FL 32009

New Mailing Address:

FEI Number: 20-3005904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCONAGHY, ANNE
9114 FORD ROAD
BRYCEVILLE, FL 32009 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: P () Delete
Name: TEMPLE, BRENT
Address: 9078 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: VP () Delete
Name: KATHERINE, PRINZI
Address: 9204 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: T () Delete
Name: MCCONAGHY, ANNE K
Address: 9114 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: S () Delete
Name: MCCONAGHY, ANNE K
Address: 9114 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

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:

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: ANNE K. MCCONAGHY

TREA

05/01/2009

Electronic Signature of Signing Officer or Director

Date