## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

## DOCUMENT # N10555

1. Entity Name

CALICO COUNTRY-TAMARAC HOMEOWNERS' ASSOCIATION, INC.



**FILED** Apr 07, 2006 8:00 am Secretary of State 2006 90033 041 \*\*\*\*61.25

3	Beer
	04-07-2

1	e of Business	Mailing Address						
% J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD SUITE 205B CORAL SPRINGS FL 33065		% J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD SUITE 205B CORAL SPRINGS FL 33065						
2. Principal P	Place of Business	3. Mailing Address	· · · · · ·			11911 BIBII 61811 BIBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st M	1st MOORE CR2E037 (10/05)			
City & State		City & State		4. FEI Number	4. FEI Number Applied For S9-2562041 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Registered	Agent		
			Name					
CALDERAZZO, JAMES % J & L PROPERTY MGMT., INC.			Street Addi	Street Address (P.O. Box Number is Not Acceptable)				
1019	91 W. SAMPLE RD. SUITE	205B				<del></del>		
	RAL SPRINGS FL 33065		City	·	FL	Zip Code	e	
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	named entity submits this statement facions of registered agent.	or the purpose of changing its re	gistered office or re	gistered agent, or both.	in the State of Florida. I am	familiar with,	and accept	
ine obrigat	nons or registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agen	a and title if applicable (NOTE: F	Rogistered Agent signature i	equired when reinstating)	DATE			
	The Contractor				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	117 A.S. S		
	FILE NOW: FEE IS \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	Make Checi	k Pavable.	to	
	Due By May 1, 2006	Trust Fund Cor	• • •					
** *	DUE DY MICY I. ZUUD	inusi rung Col	ntribution. $\square$	Added to Fees	Florida Depar	tment of S	State	
	Due by May 1, 2006	Trust Fund Col	ntribution.	Added to Fees	Florida Depar	tment of S	State	
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TITLE NAME STREET ADDRESS	OFFICERS AND D  GAGLIANA, GRANK 8816 NW 76 ST	IRECTORS	11. TITLE UTP A	ADDITIONS/CHAP	NGES TO OFFICERS AND DI		10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2