

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

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 041 \*\*\*\*61.25

**DOCUMENT # N10555**

1. Entity Name

**CALICO COUNTRY-TAMARAC HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

% J & L PROPERTY MGMT., INC.  
10191 W. SAMPLE RD SUITE 205B  
CORAL SPRINGS FL 33065

Mailing Address

% J & L PROPERTY MGMT., INC.  
10191 W. SAMPLE RD SUITE 205B  
CORAL SPRINGS FL 33065



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2562041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CALDERAZZO, JAMES**  
**% J & L PROPERTY MGMT., INC.**  
**10191 W. SAMPLE RD. SUITE 205B**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 **D** ☒ Delete  
NAME **GAGLIANA, GRANK**  
STREET ADDRESS **8816 NW 76 ST**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **P** ☐ Delete  
NAME **BJORKGREN, BARBARA**  
STREET ADDRESS **8805 N.W. 76TH ST**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☒ Delete  
NAME **LLOYD, EVANGELINA**  
STREET ADDRESS **7515 NW 88 WAY**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☒ Delete  
NAME **MYNATT, PAUL**  
STREET ADDRESS **7689 NW 88 WAY**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☒ Delete  
NAME **FEINGOLD, HARVEY**  
STREET ADDRESS **NW 88 CIRCLE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **UP** ☒ Change ☒ Addition  
NAME **R. H. LUCY**  
STREET ADDRESS **7668 NW 88 Lane**  
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **S** ☒ Change ☒ Addition  
NAME **DIANE CAWAWAUGH**  
STREET ADDRESS **8870 NW 76 Dr**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **T** ☒ Change ☒ Addition  
NAME **PATRICIA GOULD**  
STREET ADDRESS **7673 NW 88 Lane**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **O** ☒ Change ☒ Addition  
NAME **RAMON PAZOS**  
STREET ADDRESS **7653 NW 88 Lane**  
CITY-ST-ZIP **TAMARAC FL 33321**

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 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: **BAB**