

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 013 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4400 N. Federal Hwy Suite, Apt. #, etc.	
City & State Lighthouse Point, FL		4. FEI Number 59-2562041	
Zip 33064		Country USA	
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 ASKEA Property Management Group, Inc. 4400 N. Federal Hwy Lighthouse Point, FL 33064	
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: <u>Kristine Thompson, Kristine Thompson</u> DATE: <u>4/10/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME FEINGOLD, HARVEY STREET ADDRESS 7622 NW 88TH CIRCLE CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE P NAME Hoyd, Rosalyn STREET ADDRESS 4400 N. Federal Hwy CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME BJORKGREN, BARBARA STREET ADDRESS 8805 N.W. 76TH ST CITY-ST-ZIP TAMARAC, FL	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Munatt, Paul STREET ADDRESS 4400 N. Federal Hwy CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME CAVAWAUGH, DIANE STREET ADDRESS 8870 NW 76 DR CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE J NAME Stewart, Dave STREET ADDRESS 4400 N. Federal Hwy CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME GOVIN, PATRICIA STREET ADDRESS 7673 NW 88 LANE CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE S NAME Pazos, Ramon STREET ADDRESS 4400 N. Federal Hwy CITY-ST-ZIP Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PAZOS, RAMON STREET ADDRESS 7653 NW 88 LANE CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE P NAME Feingold, Harvey STREET ADDRESS 4400 N. Federal Hwy CITY-ST-ZIP Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Rosalyn Hoyd, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/17/08</u> Daytime Phone #: <u>951-9467138</u>	