

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758279

FILED
Apr 20, 2005
Secretary of State

Entity Name: THE RESIDENCES AT SLOAN'S CURVE, INC.

Current Principal Place of Business:

18 SLOAN'S CURVE DR
PALM BCH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

18 SLOAN'S CURVE DR
PALM BCH, FL 33480 US

New Mailing Address:

FEI Number: 59-2129637 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLYNN, DENNIS P
3808 VIA POINCIANA #13
LAKE WORTH, FL 33467 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: PD () Delete
Name: BORNSTEIN, RICHARD
Address: 2 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: FOSTER, HENRY
Address: 6 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: GREENBERG, NATHAN
Address: 19 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: SIDMAN, PAULA
Address: 1 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: MANN, IRMA
Address: 23 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: POSTAL, ROBERT
Address: 20 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

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: () 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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD BORNSTEIN

PD

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date