

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2009  
Secretary of State**

DOCUMENT# 758279

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: D ( ) Delete  
Name: PORTE, CONNIE  
Address: 7 SLOAN CURVE DR  
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: ST ( ) 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: D (X) Change ( ) Addition  
Name: SLATER, KENNETH  
Address: 11 SLOAN'S CURVE DRIVE  
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition  
Name: PORTER, CONNIE  
Address: 7 SLOAN CURVE DR  
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Change ( ) Addition  
Name: SIDMAN, PAULA  
Address: 1 SLOAN'S CURVE DRIVE  
City-St-Zip: PALM BEACH, FL 33480

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: PRESIDENT

RB

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date