

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758279

FILED
Jan 20, 2010
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
Name: SANDERSON, BILL
Address: 21 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: VP
Name: SLATER, KENNETH
Address: 11 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: T/S
Name: GALES, BARRY
Address: 6 SLOAN CURVE DR
City-St-Zip: PALM BEACH, FL 33480

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

Title: MEMB
Name: PEERENBOOM, HAROLD
Address: 8 SLOAN'S CURVE DRIVE
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: BILL SANDERSON

PD

01/20/2010

Electronic Signature of Signing Officer or Director

Date