

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769740** (2)
1. Corporation Name
CURLEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**3490 EAST LAKE RD.
SUITE C
PALM HARBOR FL 34685
US** **P. O. BOX 1448
P. O. BOX 855
PALM HARBOR FL 34682-1448
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1983** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2646169** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCANNAVINO, DOMINICK
3490 EAST LAKE ROAD
SUITE C
PALM HARBOR FL 34685**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATELLI, AMERICO	1.2 NAME	BRYANT, JOE L.
STREET ADDRESS	594 WALDEN COURT	1.3 STREET ADDRESS	2389 HANOVER DR.
CITY - ST - ZIP	DUNEDIN FL	1.4 CITY - ST - ZIP	DUNEDIN FL
TITLE	PD	2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMEREN, ROBERT	2.2 NAME	KEANNE, EDWARD
STREET ADDRESS	2385 HANOVER DRIVE	2.3 STREET ADDRESS	2374 HANOVER DR.
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	DUNEDIN FL
TITLE	STD	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRING, CHARLES	3.2 NAME	
STREET ADDRESS	2385 HANOVER DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Ehring Date: 4-21-95 (813) 736-6761
Signature and Title of Registered Agent or Director