

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business 3490 EAST LAKE RD. SUITE C PALM HARBOR FL 34685 US		Mailing Address P. O. BOX 1448 P. O. BOX 955 PALM HARBOR FL 34682-1448 US		3. Date Incorporated or Qualified 08/04/1983	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2646169	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 3490 EAST LAKE ROAD SUITE C PALM HARBOR FL 34685				10. Name and Address of New Registered Agent			
				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATELLI, AMERICO		1.2 NAME	Les Enger	
STREET ADDRESS	594 WALDEN COURT		1.3 STREET ADDRESS	633 Duchess Blvd.	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEREN, ROBERT		2.2 NAME		
STREET ADDRESS	2385 HANOVER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input 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	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JOE L		4.2 NAME		
STREET ADDRESS	2389 HANOVER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEANNE, EDWARD		5.2 NAME		
STREET ADDRESS	2374 HANOVER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **2-2-96** Daytime Phone #: **813-530-0077**

CR2E037 (12/95)