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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address
C/O PREMIERE MANAGEMENT 40347 US 19 N. #113 TARPON SPRINGS FL 34689 US
C/O PREMIERE MANAGEMENT 40347 US 19 N. #113 TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified
06/04/1983
4. FEI Number
59-2646169
Applied For
Not Applicable

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

6. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SPROWLS, JOSEPH D
40347 US 19 N. #113
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name Dominick Scannavino
82 Street Address (P.O. Box Number is Not Acceptable) 3490 East Lake Rd. Suite C
83
84 City Palm Harbor FL 85 Zip Code 34685

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 *Dominick Scannavino* and accept the obligations of Section 617.0504, Florida Statutes.
SIGNATURE: *Dominick Scannavino* DATE: 4/28/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRYANT, JOE L	
STREET ADDRESS	2389 HANOVER	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POGGI, JONATHON	
STREET ADDRESS	2357 HANOVER DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPROWLS, JOSEPH D	
STREET ADDRESS	40347 US 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Bennett	
3.3 STREET ADDRESS	2394 Hanover Dr.	
3.4 CITY-ST-ZIP	Dunedin, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joe L Bryant* 4.24.98 (83) 7343227

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