

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90012 033 \*\*\*\*61.25

C0089567

DO NOT WRITE IN THIS SPACE

**DOCUMENT-#** 769740

**1. Entity Name**  
 CURLEW LANDINGS HOMEOWNERS ASSOCIATION, INC.

**Principal Place of Business**      **Mailing Address**      **Same**

1050A East Lake Woodlands Parkway  
 Oldsmar, FL 34677

<b>2. Principal Place of Business</b> 1050A ELW Parkway Suite, Apt. #, etc. Oldsmar,		<b>3. Mailing Address</b> 1050A ELW Parkway Suite, Apt. #, etc.	
<b>City &amp; State</b> Oldsmar, FL		<b>City &amp; State</b> Oldsmar, FL	
<b>Zip</b> 34677	<b>Country</b>	<b>Zip</b> 34677	<b>Country</b>

<b>4. FEI Number</b> 59-2646169	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

Scannavino, Dominick  
 1050A East Lake Woodlands Parkway  
 Oldsmar, FL 34677

**7. Name and Address of New Registered Agent**

Name - Scannavino, Dominick  
 Street Address (P.O. Box Number is Not Acceptable)  
 1050A East Lake Woodlands Parkway  
 City Oldsmar FL Zip Code 34677

**8. 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW:</b> FEE IS \$61.25	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> S/T	<b>NAME</b> JOYCE MACY	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> 622 DRAKE LN		(ADD)
<b>CITY-ST-ZIP</b> DUNEDIN FL 34698		
<b>TITLE</b> DEBORAH BEATTY VP	<b>NAME</b> 570 WALDEN CT	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> DUNEDIN FL 34698		(ADD)
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> 2384 HANOVER		(ADD)
<b>CITY-ST-ZIP</b> DUNEDIN FL 34698		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> P	<b>NAME</b> Van Dyke, Doug	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 526 WALDEN COURT		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		
<b>TITLE</b> VP	<b>NAME</b> Boekennoogen, Terry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2377 HANOVER DRIVE		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		
<b>TITLE</b> Z D	<b>NAME</b> Bennett, Jeannie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2394 HANOVER DRIVE		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		
<b>TITLE</b> Z P	<b>NAME</b> Lahier, Chip	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 622 DRAKE LANE		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		
<b>TITLE</b> D	<b>NAME</b> Gear, Gerry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 641 DRAKE LANE		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		
<b>TITLE</b> D DELETE	<b>NAME</b> Ray, Gene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 630 DUCHESS BLVD.		
<b>CITY-ST-ZIP</b> DUNEDIN, FL 34698		

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** \_\_\_\_\_ **4/20/00**

CR2E037 (9/99)