

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90172 011 ****61.25

DOCUMENT # 769740
 1. Entity Name
CURLEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.

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|--|--|
| Principal Place of Business 1050A ELW PARKWAY OLDSMAR FL 34677 US | Mailing Address 1050A ELW PARKWAY OLDSMAR FL 34677 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

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

6. Name and Address of Current Registered Agent
SCANNAVINO, DOMINICK
1050A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

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

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME ST MACY, JOYCE STREET ADDRESS 622 DRAKE LN CITY-ST-ZIP DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME VP BEATY, DEBORA STREET ADDRESS 570 WALDEN CT CITY-ST-ZIP DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME D BENNETT, JEANNIE STREET ADDRESS 2394 HANOVER DR CITY-ST-ZIP DUNEDIN FL 34689 | <input type="checkbox"/> Delete |
| TITLE NAME D VACARI, TONY STREET ADDRESS 2384 HANOVER CITY-ST-ZIP DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME P LANIER, CHIP STREET ADDRESS 622 DRAKE LANE CITY-ST-ZIP DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME D GEAR, GARY STREET ADDRESS 641 DRAKE LANE CITY-ST-ZIP DUNEDIN FL 34698 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME PD TOM SERRIDGE STREET ADDRESS 2349 HANOVER DR CITY-ST-ZIP DUNEDIN, FL 34698 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME EPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME FD DAY, MICHAEL STREET ADDRESS 522 WALDEN CT. CITY-ST-ZIP DUNEDIN, FL 34698 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **SIGNATURE REQUIRED** *1/18/01* *T. Serridge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **013-891**

CR2E037 (10/00)