


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90080 039 \*\*\*\*61.25

<b>DOCUMENT # 769740</b>					
1. Entity Name <b>CURLEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2350 BAYSHORE BLVD. DUNEDIN FL 34698</b>		Mailing Address <b>2350 BAYSHORE BLVD. DUNEDIN FL 34698</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2646169</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent  <b>SERRIDGE, TOM 2349 HANOVER DRIVE DUNEDIN FL 34698</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>President/Beaty, Debora</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRIDGE, TOM		NAME	<i>570 Walden Ct</i>	
STREET ADDRESS	2349 HANOVER DRIVE		STREET ADDRESS	<i>Dunedin, FL 34698</i>	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	EPD	<input type="checkbox"/> Delete	TITLE	<i>EPD/GAIL LANG</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATY, DEBORA		NAME	<i>1381 Hanover Drive</i>	
STREET ADDRESS	570 WALDEN CT		STREET ADDRESS	<i>Dunedin, FL 34698</i>	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Treasurer/Serridge, Tom</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINTURIN, STELLA		NAME	<i>2349 Hanover Drive</i>	
STREET ADDRESS	518 WALDEN CT		STREET ADDRESS	<i>Dunedin, FL 34698</i>	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>Director/Kitchin, Ned</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORG, EMANUEL		NAME	<i>634 Drake Lane</i>	
STREET ADDRESS	541 WALDEN CT		STREET ADDRESS	<i>Dunedin, FL 34698</i>	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, ROLAND		NAME		
STREET ADDRESS	2364 HANOVER DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMERICO, DONATELLI		NAME		
STREET ADDRESS	594 WALDEN CT		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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:** *T Serridge* *Treasurer* *01/26/04* *727* *734-7052*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #