2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 769740

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

Principal Place of Business	Mailing Address
2350 BAYSHORE BLVD. DUNEDIN, FL 34698	2350 BAYSHORE BLVD. DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

01182006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
59-2646169	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

SERRIDGE, TOM
2349 HANOVER DRIVE
DUNEDIN, FL 34698

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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 _____

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

Filing Fee is $61.25 **Due by May 1, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	T
NAME	SERRIDGE, TOM
STREET ADDRESS	2349 HANOVER DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	P
NAME	BEATY, DEBORA
STREET ADDRESS	570 WALDEN CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	EPD
NAME	LANG, GAIL
STREET ADDRESS	2381 HANOVER DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VD
NAME	BORG, EMANUEL
STREET ADDRESS	541 WALDEN CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	DALEY, KARIN
STREET ADDRESS	566 WALDEN CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	SINCLAIR, ALLAN
STREET ADDRESS	617 DUCHESS BLVD
CITY-ST-ZIP	DUNEDIN, FL 34698

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02/01/06-80017-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Tom Serridge_ Tom Serridge 01/19/06 727-734-725-

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