

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769740

FILED
Jan 08, 2009
Secretary of State

Entity Name: CURLEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2350 BAYSHORE BLVD.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2350 BAYSHORE BLVD.
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2646169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRIDGE, TOM
2349 HANOVER DRIVE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SERRIDGE, TOM
Address: 2349 HANOVER DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: P () Delete
Name: BEATY, DEBORA
Address: 570 WALDEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: EPD () Delete
Name: SIMON, RICHARD
Address: 526 WALDEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: BORG, EMANUEL
Address: 541 WALDEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: DALEY, KARIN
Address: 586 WALDEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SINCLAIR, ALLAN
Address: 617 DUCHESS BLVD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM SERRIDGE

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date