


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90155 020 ****61.25

DOCUMENT # 769740

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



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2646169** Applied For
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

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 _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SERRIDGE, TOM	
STREET ADDRESS	2349 HANOVER DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	EPD	<input type="checkbox"/> Delete
NAME	BEATY, DEBORA	
STREET ADDRESS	570 WALDEN CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TINTURIN, STELLA	
STREET ADDRESS	518 WALDEN CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORG, EMANUEL	
STREET ADDRESS	541 WALDEN CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, ROLAND	
STREET ADDRESS	2364 HANOVER DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMERICO, DONATELLI	
STREET ADDRESS	594 WALDEN CT	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Tom Serridge Pres.* 1/16/03 727 734-7052

CR2E037 (10/02)