FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19481** **(3)**

1. Corporation Name

COVERED BRIDGE AT CURRY FORD WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 PARK AVE N STE 326 WINTER PARK FL 32789	2180 PARK AVE N STE 326 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2847791 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MALCOM, THOMAS D.
2180 PARK AVE N
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MANNER, TRACY		12 NAME		
STREET ADDRESS	1110 DOUGLAS AVE, #3000		13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		14 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	21 TITLE	S/T D	☐ Change ☒ Addition
NAME	BRACKIN, ANDREA		22 NAME	WALLACH, SARAH	
STREET ADDRESS	1110 DOUGLAS AVE, #3000		23 STREET ADDRESS	7993 Sagebrush Place	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		24 CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ DELETE	31 TITLE	V D	☒ Change ☐ Addition
NAME	BENTLEY, DAWN		32 NAME		
STREET ADDRESS	7957 MERRIMAC COVE DR		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE	P D	☒ Change ☐ Addition
NAME	HEIRLOW, MITCH		42 NAME	HARLOW, Mitch	
STREET ADDRESS	7949 MERRIMAC COVE DR		43 STREET ADDRESS	7949 Merrimac Cove Drive	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CHIACCHIO, BARBARA		52 NAME		
STREET ADDRESS	7997 SAGEBRUSH PL		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: mitch Harlow Mitch Harlow 4-24-96 407-647-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #