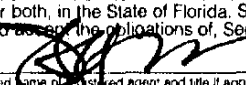
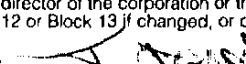


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                  |  |
| DOCUMENT # <b>N95000000147 (7)</b><br>1. Corporation Name<br><b>CURRY FORD ROAD EAST HOMEOWNERS ASSOCIATION, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                 |  |
| Principal Place of Business<br><b>151 SOUTHHALL LANE<br/>SUITE 230<br/>MAITLAND FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Mailing Address<br><b>151 SOUTHHALL LANE<br/>SUITE 230<br/>MAITLAND FL 32751-7180</b>                                                                                                                                                                                           |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                                                                                                        |  |
| 9. Name and Address of Current Registered Agent<br><b>CENTEX REAL ESTATE CORPORATION<br/>151 SOUTHHALL LANE<br/>SUITE 230<br/>MAITLAND FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name <b>JACK HANSON</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>THE MCGROB MGMT. GROUP</b><br>83 <b>227 PASADENA PLACE, SUITE 100</b><br>84 City <b>ORLANDO</b> FL 85 Zip Code <b>32803</b>           |  |
| 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.<br>SIGNATURE  <b>JACK B. HANSON</b> 3/22/97<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |  |                                                                                                                                                                                                                                                                                 |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>1.1 TITLE <b>DP</b><br>1.2 NAME <b>KNIGHT, PATRICK</b><br>1.3 STREET ADDRESS <b>151 SOUTHHALL LANE, STE. 230</b><br>1.4 CITY-ST-ZIP <b>MAITLAND FL 32751</b><br>2.1 TITLE <b>DV</b><br>2.2 NAME <b>COLWELL, DARRYL</b><br>2.3 STREET ADDRESS <b>151 SOUTHHALL LANE, STE. 230</b><br>2.4 CITY-ST-ZIP <b>MAITLAND FL 32751</b><br>3.1 TITLE <b>DST</b><br>3.2 NAME <b>MATTHAI, KAROLINE</b><br>3.3 STREET ADDRESS <b>151 SOUTHHALL LANE, STE. 230</b><br>3.4 CITY-ST-ZIP <b>MAITLAND FL</b>                                                                                                                                                                             |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <b>D</b><br>2.2 NAME <b>CROCKER, TED</b><br>2.3 STREET ADDRESS <b>151 SOUTHHALL LANE #220</b><br>2.4 CITY-ST-ZIP <b>MAITLAND, FL 32751</b> |  |
| 14. I do 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 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4/29/97 407-661-2150<br>Date Daytime Phone # 0014163                                                                                                                                                                                                                            |  |



CR2E037 (9/96)