## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19481

FILED Apr 27, 2004 Secretary of State

Entity Name: COVERED BRIDGE AT CURRY FORD WOODS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
882 JACKS WINTER P	SON AVE. PARK, FL 327	789				
Current Mailing Address:			New Mailing Address:			
882 JACKS WINTER P	SON AVE. PARK, FL 327	789				
FEI Number:	59-2847791	FEI Number Applied For ( )	FEI Number Not App	Dicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
882 JACKS	'LIET, AMANI SON AVE. PARK, FL 327					
	named entity of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both	,	
SIGNATUF	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (2 AVERILL, SCC 2814 CURRY ORLANDO, FL	VILLAGE LN.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( DEALMEIDA, 7886 SAGEBF ORLANDO, FL	RUSH PL	Title: Name: Address: City-St-Zip:	STD (X) Change ( ) Addition DEALMEIDA, MARIA 7886 SAGEBRUSH PL ORLANDO, FL 32822		
Title: Name: Address: City-St-Zip:	STD (X ROTOND, CH 2940 CURRY ORLANDO, FL	VILLAGE LN.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( GATELL, LIZA 7808 CURRY ORLANDO, FL	VILLAGE LN.	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition GATELL, LIZA 7808 CURRY VILLAGE LN. ORLANDO, FL 32822		
Title: Name: Address: City-St-Zip:	D (X TUTTY, LOUR 7888 SAGEBF ORLANDO, FL	RUSH PL	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (X KNERR, JENN 7902 SAGEBF ORLANDO, FL	RUSH ST	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIZA GATELL PD 04/27/2004