2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N19481

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

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2847791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDERVLIET, AMANDA M
882 JACKSON AVE.
WINTER PARK, FL 32789 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: STD ( ) Delete
Name: DEALMEIDA, MARIA
Address: 7886 SAGEBRUSH PL
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete
Name: GATELL, LIZA
Address: 7808 CURRY VILLAGE LN.
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: WHITE, BRENDA
Address: 7824 SAGEBRUSH PL
City-St-Zip: ORLANDO, FL 32822

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

Title: TD ( ) Change (X) Addition
Name: ALLEN, GREG
Address: 7957 SAGEBRUSH PLACE
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Change (X) Addition
Name: FLEMMING, JOHN
Address: 7974 MERRIMAC COVE
City-St-Zip: ORLANDO, FL 32822

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 04/25/2005

Electronic Signature of Signing Officer or Director — Date