

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737053

FILED
Apr 17, 2009
Secretary of State

Entity Name: CURLEW MOBILE HOME ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

28100 US HIGHWAY 19 N
SUITE 305
CLEARWATER, FL 33761

New Principal Place of Business:

28100 US HIGHWAY 19 N
SUITE 205
CLEARWATER, FL 33761

Current Mailing Address:

28100 US HIGHWAY 19 N
SUITE 305
CLEARWATER, FL 33761

New Mailing Address:

28100 US HIGHWAY 19 N
SUITE 205
CLEARWATER, FL 33761

FEI Number: 59-2267070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT, INC.
28100 US HIGHWAY 19 N
SUITE 305
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT, INC.
28100 US HIGHWAY 19 N
SUITE 205
CLEARWATER, FL 33761 US

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:

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIGGS, SANDY
Address: 2755 CURLEW RD. #78
City-St-Zip: PALM HARBOR, FL 34684

Title: DT () Delete
Name: GILRAY, PENNY
Address: 2755 CURLEW RD. # 44
City-St-Zip: PALM HARBOR, FL 34684

Title: DS () Delete
Name: MONTEONE, JOE
Address: 2755 CURLEW ROAD, #156
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: BEARDSLEY, RON
Address: 2755 CURLEW ROAD, # 174
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: MCLINN, PHYLLIS
Address: 2755 CURLEW ROAD, #89
City-St-Zip: PALM HARBOR, FL 34684

Title: DVP () Delete
Name: HEMINGWAY, JESS
Address: 2755 CURLEW ROAD, # 165
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDY FIGGS

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date