

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737053

Entity Name: CURLEW MOBILE HOME ESTATES ASSOCIATION, INC.**Current Principal Place of Business:**7300 PARK STREET
SEMINOLE, FL 33777**Current Mailing Address:**7300 PARK STREET
SEMINOLE, FL 33777**FEI Number:** 59-2267070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RABIN & PARKER, P.A.
28163 U.S. HWY 19 N, SUITE 207
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name DOUCETTE, ROLAND
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title VP
Name VOSS, SHEILA
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title SECRETARY
Name MONTIONE, JOE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title TREASURER
Name SANDY, LOSINIECKI
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name BERENATO, DOMENIC
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name WILLIAMS, RICHARD
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name GILRAY, PENNY
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

I hereby 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 all other like empowered.

SIGNATURE: ROLAND DOUCETTE

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail_____
Date