| 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.   |

PRESIDENT

SIGNATURE: GREG ALLEN

Electronic Signature of Signing Officer/Director Detail

| DOCUMENT# N19481 |
|------------------|
|                  |

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

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

## FEI Number: 59-2847791

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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                 | BRADLEY POMP                             |                 |                           | 04/02/2017 |  |  |
|---------------------------|--|-----------------|---------------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                           | Date       |  |  |
| Officer/Director Detail : |  |                 |                           |            |  |  |
| Title                     | PRESIDENT, DIRECTOR                      | Title           | VP, DIRECTOR              |            |  |  |
| Name                      | ALLEN, GREG                              | Name            | DELGADO, MANUEL           |            |  |  |
| Address                   | 2180 WEST SR 434 STE 5000                | Address         | 2180 WEST SR 434 STE 5000 |            |  |  |
| City-State-Zip:           | LONGWOOD FL 32779                        | City-State-Zip: | LONGWOOD FL 32779         |            |  |  |
| Title                     | SECRETARY, DIRECTOR                      | Title           | TREASURER, DIRECTOR       |            |  |  |
| Name                      | NOBLE, DIANE                             | Name            | SMITH, REGGIE             |            |  |  |
| Address                   | 2180 WEST SR 434 STE 5000                | Address         | 2180 WEST SR 434 STE 5000 |            |  |  |
| City-State-Zip:           | LONGWOOD FL 32779                        | City-State-Zip: | LONGWOOD FL 32779         |            |  |  |
| Title                     | DIRECTOR                                 |                 |                           |            |  |  |
| Name                      | WHITE, BRENDA                            |                 |                           |            |  |  |
| Address                   | 2180 WEST SR 434 STE 5000                |                 |                           |            |  |  |
| City-State-Zip:           | LONGWOOD FL 32779                        |                 |                           |            |  |  |

Certificate of Status Desired: No

FILED Apr 02, 2017 Secretary of State CC6894372870