

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90262 030 ****61.25

DOCUMENT # 728010

1. Entity Name
CURRY CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business
**1900 SETTLEMENT RD.
VENICE, FL 34292**

Mailing Address
**1900 SETTLEMENT RD.
VENICE, FL 34292**

40077443



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1822150

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORN, ARTHUR
1969 SETTLEMENT RD
VENICE, FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME OSBORN, ARTHUR R ☐ Delete
STREET ADDRESS 1969 SETTLEMENT RD
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GRIGORE, JULIUS
STREET ADDRESS 1946 SETTLEMENT RD
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Change ☒ Addition
NAME **VD FREDRICK KULL**
STREET ADDRESS **1946 SETTLEMENT RD**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE TD ☐ Delete
NAME ESSELBURN, CHARLES
STREET ADDRESS 0905 SETTLEMENT RD
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WHITEHEAD, JOHN
STREET ADDRESS 1950 SETTLEMENT RD
CITY-ST-ZIP VENICE, FL 34285

TITLE ☒ Change ☐ Addition
NAME **SD WHITEHEAD JOHN**
STREET ADDRESS **1950 SETTLEMENT RD**
CITY-ST-ZIP **VENICE FL 34285**

TITLE SD ☐ Delete
NAME BUDWAY, GARY
STREET ADDRESS 1953 SETTLEMENT RD
CITY-ST-ZIP VENICE, FL 34285

TITLE ☒ Change ☐ Addition
NAME **VD BUDWAY GARY**
STREET ADDRESS **1953 SETTLEMENT RD**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VD TREEND ROBERT**
STREET ADDRESS **1921 SETTLEMENT RD**
CITY-ST-ZIP **VENICE, FL 34285**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R Osborn* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2007 **941-4845619**
Date Daytime Phone #