

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 NOV -4 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 728010

1. Corporation Name

CURRY CREEK OWNERS ASSOCIATION, INC.

600214001836  
11/04/11--01037--002 \*\*236.25

CR28081 (11/10)

2. Principal Office Address - No P.O. Box #

1900 SETTLEMENT ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1900 SETTLEMENT RD

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34285

Country

USA

Zip

34285

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1973

5. FEI Number

591822150

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY F Budway

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

1953 SETTLEMENT ROAD

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34285

REINSTATEMENT

B 11/2/11

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

GARY F Budway

REGISTERED AGENT MUST SIGN

Date 11-1-2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GARY F Budway	1953 SETTLEMENT RD	VENICE, FL 34285
VD-SO	DEBORAH KEEGAN	1945 SETTLEMENT RD	VENICE, FL 34285
TD	MICHAEL O'DONNELL	1965 SETTLEMENT RD	VENICE, FL 34285
VO	FREDERICK KULL	1946 SETTLEMENT RD	VENICE, FL 34285
D	JAMES KENDALL	1950 SETTLEMENT RD	VENICE, FL 34285
D	RICHARD FERRARA	1941 SETTLEMENT RD	VENICE, FL 34285

10. E-mail Address: gbudway@adhi.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GARY F Budway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-2011

Date

941-488-7614

Daytime Phone #