


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 761788 1. Entity Name SLOAN'S CURVE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2000 S. OCEAN BLVD PALM BCH, FL 33480	Mailing Address 2000 S. OCEAN BLVD PALM BCH, FL 33480
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2179738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLYNN, DENNIS P CPA
3898 VIA POINCLANA #13
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, MERVYN 2100 S. OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, NATHAN 19 SLOANS CURVE DRIVE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENBURG, GEORGE 2000 S OCEAN BLVD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TACA, RITA 2100 S. OCEAN BLVD. PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11/20/06-80050-025 61.25

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:  **1/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #