

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90013 029 ****61.25

DOCUMENT # 761788 1. Entity Name SLOAN'S CURVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2000 S. OCEAN BLVD PALM BCH, FL 33480			Mailing Address 2000 S. OCEAN BLVD PALM BCH, FL 33480		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2179738	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLYNN, DENNIS P CPA 3898 VIA POINCLANA #13 LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name - YEEND, CASTAÑEDA & FLYNN, LLP Street Address (P.O. Box Number is Not Acceptable) Accountants and Tax Specialists 1109 South Congress Avenue West Palm Beach, FL 33406FL	
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 DENNIS P. FLYNN, PARTNER 1/24/08 <small>Signature typed or printed name of registered agent and both applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNING, MERVYN		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TACA, RITA		NAME	MELVIN ALPERIN	
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS	2100 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, JACK		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLENBECK, IRA		NAME		
STREET ADDRESS	2000 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: JACK FISHER 1/25/08 561 9676008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					