


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 769740 1. Entity Name CURLEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2350 BAYSHORE BLVD. DUNEDIN, FL 34698	Mailing Address 2350 BAYSHORE BLVD. DUNEDIN, FL 34698
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2646169	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 SERRIDGE, TOM 2349 HANOVER DRIVE DUNEDIN, FL 34698

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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 _____

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	U000000790365 01/23/08-80033-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERRIDGE, TOM 2349 HANOVER DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATY, DEBORA 570 WALDEN CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPD SIMON, RICHARD 526 WALDEN CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORG, EMANUEL 541 WALDEN CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, KARIN 566 WALDEN CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, ALLAN 617 DUCHESS BLVD DUNEDIN, FL 34698

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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: Tom Serridge 01/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #