


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90482 050 ****61.25

DOCUMENT # N0000006199

1. Entity Name
 CURRY ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1210 OAK TREE LANE
 NOKOMIS, FL 34275 US

Mailing Address
 1210 OAK TREE LANE
 NOKOMIS, FL 34275 US



2. Principal Place of Business
 1310 OAK TREE LANE

3. Mailing Address
 1310 OAK TREE

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State
 NOKOMIS, FL

City & State
 NOKOMIS, FL

4. FEI Number
 65-1085435

Applied For
 Not Applicable

Zip
 34275

Country
 SARASOTA

Zip
 34275

Country
 SARASOTA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, MR. THOMAS
 219 PAVONIA ROAD
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name
 THOMAS Booth

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

1310 OAK TREE LANE

City
 NOKOMIS FL Zip Code
 34275

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 Charles Powell

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, 2004

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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, THOMAS		NAME	POWELL, Charles	
STREET ADDRESS	219 PAVONIA RD		STREET ADDRESS	1175 OAK TREE LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTHERS, JAMES A.		NAME	BOOTH, THOMAS	
STREET ADDRESS	1210 OAK TREE LANE		STREET ADDRESS	1310 OAK TREE LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, CHARLES		NAME	BAUREISS, Timothy	
STREET ADDRESS	1175 OAK TREE LANE		STREET ADDRESS	1205 OAK TREE LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	NOKOMIS, FL 34275	
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		
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 exemption stated in Section 119.07(3)(i), 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: Charles Powell Charles A. Powell 4/30/04 941-485-6212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #