


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90136 039 \*\*\*\*61.25

**DOCUMENT # N00000006199**  
1. Entity Name  
**CURRY ACRES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1275 OAKTREE LANE  
NOKOMIS FL 34275**

Mailing Address  
**1175 OAK TREE LANE  
NOKOMIS FL 34275**

2. Principal Place of Business  
**1210 OAK TREE LANE**  
Suits, Apt. #, etc.  
**Nokomis**

3. Mailing Address  
**1210 OAK TREE LANE**  
Suite, Apt. #, etc.  
**NOKOMIS**

City & State  
**FL**

City & State  
**FL**

Zip  
**34275**

Country  
**SARASOTA**

Zip  
**34275**

Country  
**SARASOTA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1085435**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**HUIE, GRADY MR.  
1275 OAK TREE LANE  
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent  
Name  
**MR. Thomas Booth**  
Street Address (P.O. Box Number is Also Acceptable)  
**219 PAVONIA RD.**  
City  
**Nokomis** FL Zip Code  
**34275**

B. 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 **JAMES A. Stuthers Jr STD** **THOMAS Booth Thomas E Booth STD** **3/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUIE, GRADY 1275 OAK TREE LANE NOKOMIS FL 34275</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BOOTH, THOMAS 219 PAVONIA RD NOKOMIS FL 34275</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STUTHERS, JAMES A 1210 OAK TREE LANE NOKOMIS FL 34275</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Powell, CHARLES 1175 OAK TREE LANE NOKOMIS, FL 34275</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JAMES A. Stuthers Jr** **3/22/03** **941-480-1626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)