


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 013 ****61.25

DOCUMENT # N04297 1. Entity Name CURRY FORD WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3030 CURRY WOODS DR ORLANDO, FL 32822 US			Mailing Address PO BOX 720816 ORLANDO, FL 32872 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2495194	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLWELL, EUGENE L. 3030 CURRY WOODS DRIVE ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name: <u>Carol Whitehead</u> Street Address (P.O. Box Number is Not Acceptable): <u>3015 Curry Woods Dr.</u> City: <u>Orlando</u> FL Zip Code: <u>32822</u>	
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: <u>Carol Whitehead</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4/25/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHEAD, CAROL 3015 CURRY WOODS DR ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR HELDRETH, RON 3207 CURRYWOODS CIRCLE ORLANDO, FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE BARTELO, MICHAEL 2939 CURRY WOODS DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLWELL, EUGENE J. 3030 CURRY WOODS DRIVE ORLANDO, FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOTEN, STEVEN 3031 CURRY WOODS DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCNABB, JEN 3054 CURRY WOODS DRIVE ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		<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: <u>Carol Whitehead</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/25/05</u> Daytime Phone #: <u>407/839-0120</u>	