

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010564

FILED
Apr 30, 2009
Secretary of State

Entity Name: CURLEW CENTRE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% FL MANAGEMENT, INC.
1210 U.S. HIGHWAY 19, SUITE 4
HOLIDAY, FL 34691

New Principal Place of Business:

% FL MANAGEMENT, INC.
5400 TECH DATA DR
CLEARWATER, FL 33760

Current Mailing Address:

% FL MANAGEMENT, INC.
1210 U.S. HIGHWAY 19, SUITE 4
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 26-0487943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAROTHERS, C. GRAHAM JR.
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MOSHTAGH, MEHRDAD
5400 TECH DATA DR
CLEARWATER, FL 33760 US

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.

SIGNATURE: MEHRDAD MOSHTAGH

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSHTAGH, MERDAD
Address: 1210 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: HAKIM, JEAN
Address: 5400 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: HAKIM, GILBERT
Address: 5400 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEHRDAD MOSHTAGH

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date