SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE NOTE: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19481** **(3)**

1. Corporation Name

COVERED BRIDGE AT CURRY FORD WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 PARK AVE N STE 326 WINTER PARK FL 32789	2180 PARK AVE N STE 326 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2847791 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MALCOM, THOMAS D.
2180 PARK AVE N
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required where mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE		☐ Change ☐ Addition
NAME	~~FRIEDMAN, GEORGE~~	12 NAME		
STREET ADDRESS	~~1110 DOUGLAS AVE, #3000~~	13 STREET ADDRESS		
CITY ST ZIP	~~ALTAMONTE SPRINGS FL~~	14 CITY ST ZIP		
TITLE	DV	21 TITLE	PD	☑ Change ☐ Addition
NAME	MANNER, TRACY	22 NAME		
STREET ADDRESS	1110 DOUGLAS AVE, #3000	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP		
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	BRACKIN, ANDREA	32 NAME		
STREET ADDRESS	1110 DOUGLAS AVE, #3000	33 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	34 CITY ST ZIP		
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	Bentley, Dawn	
STREET ADDRESS		43 STREET ADDRESS	7957 Merrimac Cove Dr.	
CITY ST ZIP		44 CITY ST ZIP	Orlando, FL	
TITLE		51 TITLE	VP	☐ Change ☑ Addition
NAME		52 NAME	Harlow, Mitch	
STREET ADDRESS		53 STREET ADDRESS	7949 Merrimac Cove Dr.	
CITY ST ZIP		54 CITY ST ZIP	Orlando, FL	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	Chiacchio, Barbara	
STREET ADDRESS		63 STREET ADDRESS	7917 Sagebrush Pl.	
CITY ST ZIP		64 CITY ST ZIP	Orlando, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrea L. Brackin 4-28-95 647-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrea L. Brackin

0003678