2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N42218

1. Entity Name

CURLEW LANDINGS DOCK ASSOCIATION, INC.



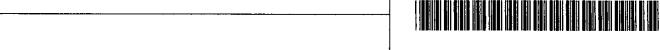
FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90111 004 ****61.25

Principal Place of Business

2350 BAYSHORE BLVD DUNEDIN, FL 34698 US Mailing Address

2350 BAYSHORE BLVD DUNEDIN, FL 34698 U



02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3149988

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empe

SIGNATURE:

RICHARDS, MATTHEW J 2370 BAYSHORE BLVD DUNEDIN, FL 34698

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Date

Davtime Phone #

•	0' 5 9				
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 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, 2008 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	DATE
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDS, MATTHEW J 2365 HANOVER DR. DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOUCHARD, TERRY 2377 HANOVER DRIVE DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VICARI, SHERRI 2384 HANOVER DR. DUNEDIN, FL. 34698	ANOVER DR. DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAY, CINDY 2391 HANOVER DRIVE DUNEDIN, FL 34698		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISSENTE RICHARD 2385 HANNVER DRIVE DUNEDIN, FD 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicari Tony 2384 Hanover Dr Dunedin, Fl 34698			·	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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					

NG OFFICER OR DIRECTOR