

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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

DOCUMENT # N42218

1. Entity Name
CURLEW LANDINGS DOCK ASSOCIATION, INC.



Principal Place of Business

**2350 BAYSHORE BLVD
DUNEDIN, FL 34698 US**

Mailing Address

**2350 BAYSHORE BLVD
DUNEDIN, FL 34698 US**



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARDS, MATTHEW J
2370 BAYSHORE BLVD
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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

Teresa Bouchard

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAY, CINDY 2391 HANOVER DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRISSETTE, RICHARD 2385 HANOVER DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vicari, Tony 2384 Hanover Dr Dunedin, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresa Bouchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #