

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90153 039 *****8.75
 04-14-1999 90153 040 *****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000147

1. Corporation Name

CURRY FORD ROAD EAST HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

~~151 SOUTHWALL LANE
 SUITE 230
 MAITLAND FL 32751~~

~~Delete~~

Mailing Address

~~151 SOUTHWALL LANE
 SUITE 230
 MAITLAND FL 32751~~

~~Delete~~

2. Principal Place of Business

21 2780 River Ridge Drive

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32825

Country

25 U.S.A.

2a. Mailing Address

26 2780 River Ridge Drive

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32825

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/11/1995

4. FEI Number

69-3362936

Current

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75

Additional Fee Required

6. Election Campaign Financing

☐

\$5.00

May Be

Added to Fees

9. Name and Address of Current Registered Agent

~~HANSON, JACK
 THE MELOSE MGMT GROUP
 227 PASADENA PLACE, STE 100
 ORLANDO FL 32803~~

~~Delete~~

10. Name and Address of New Registered Agent

81 Name Flem Rowe President

82 Street Address (P.O. Box Number is Not Acceptable)

2780 River Ridge Drive

83

84 City

Orlando

FL

85 Zip Code

32825

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 understand the obligations of a registered agent in Florida Statutes.

SIGNATURE **David Lloyd Blair / Secretary & Treasurer / David Lloyd Blair** DATE **February 10, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Flem Rowe / President / 2-10-99 (407) 277-3326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0014194

CR2E037 (11/98)