

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0027710

**DOCUMENT # N95000000147**

1. Entity Name

**CURRY FORD ROAD EAST HOMEOWNERS ASSOCIATION, INC**

03-26-2001 90158 039 \*\*\*\*70.00

Principal Place of Business

**2780 RIVER RIDGE DRIVE  
 ORLANDO FL 32825**

Mailing Address

**2780 RIVER RIDGE DRIVE  
 ORLANDO FL 32825**

00001114

2. Principal Place of Business

**Thomas Eddie**

3. Mailing Address **Curry Ford Road**

**East Homeowners' Association**

Suite, Apt. #, etc.

**2482 River Ridge Drive**

Suite, Apt. #, etc.

**P.O. Box 720428**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**69-3362936**

Applied For

Not Applicable

Zip

**32825**

Country

**USA**

Zip

**32822-0428**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROWE, FLEM**

**2780 RIVER RIDGE DRIVE  
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

**Thomas Eddie**

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

**2482 River Ridge Drive**

City

**Orlando**

**FL**

Zip Code

**32825**

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.

SIGNATURE

*Thomas J Eddie*

**President  
 Thomas J Eddie**

**3-24-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **ROWE, FLEM**  
 STREET ADDRESS **2780 RIVER RIDGE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VPD** ☒ Delete  
 NAME **THOMAS, EDDIE**  
 STREET ADDRESS **2482 RIVER RIDGE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DTS** ☐ Delete  
 NAME **BLAIR, DAVID**  
 STREET ADDRESS **2743 OSPREY CREEK LANE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☒ Delete  
 NAME **ANTHONY, MARRA**  
 STREET ADDRESS **2609 RIVER RIDGE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete  
 NAME **DIAZ, MARINO**  
 STREET ADDRESS **2540 RIVER RIDGE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **~~Thomas~~ Eddie, Thomas**  
 STREET ADDRESS **2482 River Ridge Drive**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **Goglas, Jerry**  
 STREET ADDRESS **2849 Osprey Creek Lane**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Rios, Rafael**  
 STREET ADDRESS **2445 River Ridge Drive**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D** ☐ Change ☒ Addition  
 NAME **~~Stuart~~ Idelson, Stuart**  
 STREET ADDRESS **2602 River Ridge Drive**  
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*David Lloyd Blair*  
**DAVID LLOYD BLAIR**

Date

Daytime Phone #

**(407) 207-4156**

CR2E037 (10/00)