

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 031 \*\*\*\*61.25

**DOCUMENT # N98000006154**

1. Entity Name  
**CURRYVILLE WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1830 OLD STABLE PT  
CHULUOTA, FL 32766**

Mailing Address  
**P.O. BOX 660098  
CHULUOTA, FL 32766-0098**

**54067119**



2. Principal Place of Business  
**1800 TERRA VERDE LN**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004 Chg-NP CR2E037 (10/03)

City & State  
**CHULUOTA, FL**

City & State

4. FEI Number  
**59-3556434**

Applied For  
Not Applicable

Zip  
**32766** Country  
**US**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUCK, RICHARD  
1830 OLD STABLE POINT  
CHULUOTA, FL 32766**

7. Name and Address of New Registered Agent

Name **Russell Choudoin**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 TERRA VERDE LN**  
City **CHULUOTA** **FL** Zip Code **32766**

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

**07/16/2004**

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, KARL 2340 PINE MEADOWS PL CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUCK, RICHARD 1830 OLD STABLE PT. CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGA, LYSSA 2311 PINE MEADOWS PL CHULUOTA, FL 32766	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JACK 280 CAMPBELL RANCH RD GENEVA, FL 32766	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEAL, DEBORAH 2365 PINE MEADOWS PL. CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUTH, JEFF 2330 PINEMEADOWS PLACE CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL CHAUDOIN 1800 TERRA VERDE LN CHULUOTA, FL 32766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWLEY, JERI 1800 CADENCE CT CHULUOTA, FL 32766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALRYMPIE, BROCK 1791 TERRA VERDE LN CHULUOTA, FL 32766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/17/04**

Date

Daytime Phone #