

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 044 ****61.25

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DOCUMENT # N98000006154 1. Entity Name CURRYVILLE WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1800 TERRA VERDE LN CHULUOTA, FL 32766			Mailing Address P.O. BOX 660098 CHULUOTA, FL 32766-0098		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3556434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHOWDOIN, RUSSELL 1800 TERRA VERDE LN CHULUOTA, FL 32766				7. Name and Address of New Registered Agent Name RUSSELL CHAUDOIN 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				2/21/2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CHAUDOIN, RUSSELL <input type="checkbox"/> Delete 1800 TERRA VERDE LN CHULUOTA, FL 32766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWLEY, JERI <input type="checkbox"/> Delete 1860 CADENCE CT CHULUOTA, FL 32766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGA, LYSSA <input type="checkbox"/> Delete 2311 PINE MEADOWS PL CHULUOTA, FL 32766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JACK <input checked="" type="checkbox"/> Delete 280 CAMPBELL RANCH RD GENEVA, FL 32766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALRYMPIE, BROCK <input type="checkbox"/> Delete 1791 TERRA VERDE LN CHULUOTA, FL 32766				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, STEVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1790 TERRA VERDE LN. CHULUOTA, FL 32766				
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				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/21/2005 407-829-4316 <small>Date Daytime Phone #</small>	