

**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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02202005 Chg-NP CR2E037 (10/03)

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		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CHOWDOIN, RUSSELL 1800 TERRA VERDE LN CHULUOTA, FL 32766		Name RUSSELL CHAUDOIN Street Address (P.O. Box Number is Not Acceptable) 1800 TERRA VERDE LN.
		City CHULUOTA FL 32766 Zip Code
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: 2/21/2005		
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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHAUDOIN, RUSSELL 1800 TERRA VERDE LN CHULUOTA, FL 32766	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RIVERS, STEVE STREET ADDRESS 1790 TERRA VERDE LN. CITY-ST-ZIP CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CRAWLEY, JERI 1860 CADENCE CT CHULUOTA, FL 32766	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete .BRAGA, LYSSA 2311 PINE MEADOWS PL CHULUOTA, FL 32766	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CAMPBELL, JACK 280 CAMPBELL RANCH RD GENEVA, FL 32766	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DALRYMPIE, BROCK 1791 TERRA VERDE LN CHULUOTA, FL 32766	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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:		2/21/2005 407-829-4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Date

Daytime Phone #