

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737053

**Entity Name:** CURLEW MOBILE HOME ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**9305907075CC**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**FEI Number: 59-2267070**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RABIN PARKER GURLEY, P.A.  
2653 MCCORMICK DR  
CLEARWATER, FL 33759 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOUCETTE, ROLAND  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            VOSS, SHEILA  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            SECRETARY  
Name            MONTIONE, JOE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            TREASURER  
Name            SANDY, LOSINIECKI  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            WILLIAMS, RICHARD  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            KARP, DAN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            GLOGOWSKI, MIKE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROLAND DOUCETTE**

**PRESIDENT**

**04/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date