


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 29 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # 770212 1. Entity Name CUTLER GARDNES HOMEOWNERS ASSOCIATION, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 7100 SW 99 AVENUE SUITE 102 MIAMI, FL 33173 US | Mailing Address C/O FLORIDA PROPERTY MANAGEMENT GROUP 7100 SW 99TH AVE #102 MIAMI, FL 33173 |
|--|---|



| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | | | |
|-----|---------|-----|---------|------------------------------------|--|
| Zip | Country | Zip | Country | 4. FEI Number 54-1047781 | Applied For <input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|--|

05102007 Chg-NP CR2E037 (12/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GONZALO PEREZ J.R PA 8725 NW 18 TERRACE SUITE 303 MIAMI, FL 33173 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|------------------------------|---|--|
| Amended AR is \$61.25 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|--|
| TITLE | PD DUKES, DARRYL <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2011 S.W. 123 DRIVE | NAME | 100104109251 |
| STREET ADDRESS | MIAMI, FL | STREET ADDRESS | 06/08/07--01015--007 **61.25 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DT JACKSON, VIRGINIA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 20027 S.W. 123 DRIVE | NAME | |
| STREET ADDRESS | MIAMI, FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DS CHIN, MARION <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 20119 S.W. 123 DRIVE | NAME | |
| STREET ADDRESS | MIAMI, FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | V.P. Dan Caines |
| STREET ADDRESS | | STREET ADDRESS | 20038 SW 123 Drive |
| CITY-ST-ZIP | | CITY-ST-ZIP | Miami, FL |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marion Chin 05/11/07 305-598-4068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2011