
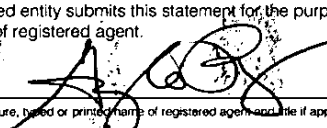


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90406 042 \*\*\*\*61.25

<b>DOCUMENT # 770212</b>			
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>GONZALO PEREZ J.R PA 8725 NW 18 TERRACE SUITE 303 MIAMI, FL 33173</del>		Name: <u>Gonzalo Perez Jr P.A.</u> Street (Address, P.O. Box Number is Not Acceptable): <u>7115 Coral Way</u> City: <u>Miami</u> FL Zip Code: <u>33155</u>	
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: _____	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME: DUKES, DARRYL STREET ADDRESS: 20111 S.W. 123 DRIVE CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: PD NAME: Dukes, Darryl STREET ADDRESS: 7100 SW 99 Ave #102 CITY-ST-ZIP: Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: JACKSON, VIRGINIA STREET ADDRESS: 20027 S.W. 123 DRIVE CITY-ST-ZIP: MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: CHIN, MARION STREET ADDRESS: 20119 S.W. 123 DRIVE CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: DS NAME: Chin, Marion STREET ADDRESS: 7100 SW 99 Ave #102 CITY-ST-ZIP: Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: CAINES, DAN STREET ADDRESS: 20038 SW 123 DRIVE CITY-ST-ZIP: MIAMI, FL	<input type="checkbox"/> Delete	TITLE: VP NAME: Caines Dan STREET ADDRESS: 7100 SW 99 Ave #102 CITY-ST-ZIP: Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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"/> Delete	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 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: <u>Darryl Dukes</u> DARRYL DUKES		Date: <u>4-23-08</u> (305) 598-4068	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	