

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770212

FILED
Apr 17, 2009
Secretary of State

Entity Name: CUTLER GARDNES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7100 SW 99TH AVENUE
102
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7100 SW 99TH AVENUE
102
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 54-1047781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALO PEREZ P.A.
7915 CORAL WAY
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUKES, DARRYL
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: ABREU, DANILO
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: VIERA, LOURDES
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: CHIN, MARION
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: URBINA, RENE
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: CAINES, DAN
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARRYL DUKES

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date