2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009767

FILED Apr 22, 2008 Secretary of State

Entity Name: THE CUTLER CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7755 SW 192 STREET CUTLER BAY, FL 33157 **Current Mailing Address: New Mailing Address:** 7755 SW 192 STREET CUTLER BAY, FL 33157 FEI Number: 42-1625721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARISER, BRIAN W ESQ. 9130 S DADELAND BLVD. DATRAN II SUITE 1511 MIAMI, FL 33156 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SIRES-GARCIA, MELISSA PATTERSON, TODD Name: Name: 5835 BLUE LAGOON DR 4TH FL Address: 19026 SW 76 AVENUE Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: CUTLER BAY, FL 33157 Title: DP () Delete Title: (X) Change () Addition DONOSO, MARIA Name: LEITH, GARRY Name: Address: 5835 BLUE LAGOON DR 4TH FL Address: 7876 SW 194 STREET City-St-Zip: MIAMI, FL 33126 City-St-Zip: CUTLER BAY, FL 33157 Title: () Delete Title: () Change (X) Addition ADES, HARVEY Name: Name: Address: Address: 7438 SW 189 TERRACE City-St-Zip: City-St-Zip: CUTLER BAY, FL 33157 Title: () Delete Title: SD () Change (X) Addition VEGA, OSCAR Name: Name: 18968 SW 80 COURT Address: Address: City-St-Zip: City-St-Zip: CUTLE BAY, FL 33157 Title: () Delete Title: () Change (X) Addition MALOOF, AL Name: Name: 19048 SW 80 COURT Address: Address: City-St-Zip: City-St-Zip: CUTLER BAY, FL 33157 Title: () Delete Title: () Change (X) Addition LESTER. ANTHONY Name: Name: Address: Address: 7863 SW 193 STREET CUTLER BAY, FL 33157 City-St-Zip: 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: TODD PATTERSON PD 04/22/2008