

2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00 00013 041 ***70.00

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-12-2000 90013 041 ***70.00

DOCUMENT # N03090

1. Entity Name

CAPE CUTLER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7860 S.W. 181ST TERRACE
 MIAMI FL 33157

7860 S.W. 181ST TERRACE
 MIAMI FL 33157-6225

2. Principal Place of Business

3. Mailing Address

7840 S.W. 183RD Terrace

7840 S.W. 183RD Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0014383

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, SUZETTE
 7860 S.W. 181ST TERRACE
 MIAMI FL 33157

Name **BARLOW, BEN**

Street Address (P.O. Box Number is Not Acceptable)
7840 S.W. 183RD Terrace

City

MIAMI

FL

Zip Code

33157

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.

SIGNATURE

Ben Barlow

BEN BARLOW - PRESIDENT

4-27-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **RICE, SUZETTE**
 STREET ADDRESS **7860 SW 181ST TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **BARLOW, BEN**
 STREET ADDRESS **7840 S.W. 183RD Terrace**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VD** Delete
 NAME **FRENCH, LYNNE**
 STREET ADDRESS **7740 SW 181ST TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **BRUN, KLAUS**
 STREET ADDRESS **18245 S.W. 78th PLACE**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **TD** Delete
 NAME **MCDONALD, MELANIE**
 STREET ADDRESS **7761 S.W. 183RD TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **GAY, BEN**
 STREET ADDRESS **7865 S.W. 183RD Terrace**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Suzette Rice

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 305 323-9975

CR2E037 (9/99)