

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90006 022 \*\*\*\*70.00

DOCUMENT # **NO3090**

1. Entity Name **CAPE CUTLER HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address

**7840 SW 183 TERRACE**  
**MIAMI, FL 33157**

**C0070929**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0014383**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Ben Gay**

Street Address (P.O. Box Number is Not Acceptable)

**7865 SW 183 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 Gay - Treasurer**

**5-25-01**

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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>Ben Barlow</b>	
STREET ADDRESS	<b>7840 SW 183 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ben Barlow</b>	
STREET ADDRESS	<b>7840 SW 183 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE	<b>Vice-President - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKE LUCAS</b>	
STREET ADDRESS	<b>7860 SW 182 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE	<b>Treasurer - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ben Gay</b>	
STREET ADDRESS	<b>7865 SW 183 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE	<b>Secretary - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Connie Lyons</b>	
STREET ADDRESS	<b>7870 SW 182 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE	<b>Secretary - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Susan Hedden</b>	
STREET ADDRESS	<b>7760 SW 182 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Benjamin F. Barlow** **Benjamin F. Barlow - Pres.** **5/25/01** **305-251-6720**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)