
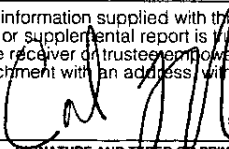


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90377 043 \*\*\*\*61.25

<b>DOCUMENT # N03090</b>							
1. Entity Name <b>CAPE CUTLER HOMEOWNERS ASSOCIATION, INC.</b>							
Principal Place of Business 7865 S.W. 183RD TERRACE MIAMI FL 33157			Mailing Address 7865 S.W. 183RD TERRACE MIAMI FL 33157				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>65-0014383</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>GAY, BEN</b> <b>7865 SW 183 TERRACE</b> <b>MIAMI FL 33157</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GALLO, CARL		NAME				
STREET ADDRESS	7840 SW 183 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LUCAS, MIKE		NAME				
STREET ADDRESS	7860 SW 182ND TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GAY, BEN		NAME				
STREET ADDRESS	7865 SW 183 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LYONS, CONNIE		NAME				
STREET ADDRESS	7880 SW 182ND TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILLER, DIANE		NAME				
STREET ADDRESS	7840 SW 182 TERR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLACKBURN, RON		NAME				
STREET ADDRESS	7702 SW 182 TERR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		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: 			DATE _____ DAYTIME PHONE # _____				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							