


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90021 040 ****61.25

DOCUMENT # N03090

1. Entity Name
CAPE CUTLER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

7865 S.W. 183RD TERRACE **7865 S.W. 183RD TERRACE**
MIAMI, FL 33157 **MIAMI, FL 33157**

7761 S.W. 182ND Terrace *7761 S.W. 182ND Terrace*



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0014383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAY, BEN COHEN, IRIS
7805 SW 183 TERRACE *7761 S.W. 182ND Terrace*
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

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 *[Signature]* *3/31/08* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKBURN, RONALD 7702 S.W. 182ND TERRACE PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNDULAS, JORGE 7741 S.W. 182ND TERRACE PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAY, BEN COHEN, IRIS 7865 SW 183 TERRACE <i>7761 S.W. 182ND Terrace</i> MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, CONNIE 7880 SW 182ND TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, MELISSA 7760 S.W. 180TH TERRACE PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIO, ART 18245 S.W. 78TH PLACE MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* *3/31/08* *305-254-4062* DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR