

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N03090

Entity Name: CAPE CUTLER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7761 SW 182ND TERR
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

7761 SW 182ND TERR
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0014383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, IRIS
7761 SW 182ND TERR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BLACKBURN, RONALD
Address: 7702 S.W. 182ND TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD () Delete
Name: MUNDULAS, JORGE
Address: 7741 S.W. 182ND TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD () Delete
Name: COHEN, IRIS
Address: 7761 SW 182ND TERR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LYONS, CONNIE
Address: 7880 SW 182ND TERRACE
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: WILSON, MELISSA
Address: 7760 S.W. 180TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: D () Delete
Name: PALACIO, ART
Address: 18245 S.W. 78TH PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RONALD BLACKBURN

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date