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NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **N35982** **(0)**

1. Corporation Name
CUTTER SOUND COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13054 GILSON RD PALM CITY FL 34990	2381 SW CARRIAGE HILL TERR PALM CITY FL 34990 US

3. Date Incorporated or Qualified: 01/05/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2381 S.W. CARRIAGE HILL TER.	26 2381 S.W. CARRIAGE HILL TER.
Suite, Apt. #, etc. 22 106	Suite, Apt. #, etc. 27 106
City & State 23 PALM CITY FL	City & State 28 PALM CITY FL
Zip 24 34990	Country 25 US
Zip 29 34990	Country 30 US

4. FEI Number: 65-0224087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPECTOR, SAUL ~~13054 GILSON RD~~ 2381 S.W. CARRIAGE HILL TER ~~PALM CITY FL 34990~~ UNIT 102 PALM CITY FL 34990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTIER, ANTHONY 2381 SW CARRIAGE HILL PALM CITY FL 34990	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPECTOR, SAUL 13054 GILSON RD PALM CITY FL 34990	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D SPECTER, SAUL (ADDRESS) 2381 SW CARRIAGE HILL TER, #102 PALM CITY FL 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POSA, LUCILLE 2381 SW CARRIAGE HILL PALM CITY FL 34990	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)