## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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N35982

(0)

CUTTER SOUND COMMUNITY ASSOCIATION, INC.

Principal Plac	Mailing Add	ress				181 81816 81811 81811 87811 81811 81811 1881			
2381 CARRIAGE HILL TERR 108 PALM CITY FL 34990			106	2381 SW CARRIAGE HILL TERR 106 PALM CITY FL 34990-4321					
US			US				3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 04/19/1996	
	Place of Busine	386	2a. Mailing A	2a. Mailing Address			4. FEt Number	Applied For	
Suite, Apt.	# 616		26	1 # 010			65-0224087	Not Applicable	
22	<b>#, 6</b> 10.		27 Suite, Ap.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te		City & St	ale			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country	Zip		Country	,	8. This corporation has liability for in		
24		15	29		10		Florida Statutes	Yes X No	
9. Name and Address of Current Registered Agent						Mana	10. Name and Address of New Reg	istered Agent	
A5507	AB A44#				81	Name			
SPECTOR, SAUL 2381 SW CARRIAGE HILL TERR					82	Street A	it Address (P.O. Box Number is Not Acceptable)		
UNIT 10		- THEE TERM			83	-			
PALM C	9948 JTY FL	00			84	City		85 Zip Code	
11. Pursuant	to the provisio	ons of Sections 617.0	502 and 617 1508 F	torida Statutas	the above	a-named o	corporation submits this statement for the pu	FL of the principality registered	
Office or r	registered age	int, or both, in the Stan, and accept the ob	ite of Florida. Such d	hande was au	thorized by	/ the corpo	pration's board of directors. I hereby accept	the appointment as registered	
SIGNATURE		i, and accept the ob-	ganono on occion	J11.0000,11011	ou blatulo				
	Signature, typed o	r printed name of registered		(NOTE:		ent signature re	equired when reinstating)	DATE	
12.		OFFICERS A	ND DIRECTORS	1 851 555	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	MED ALTHOUS	L	] DELETE	1.1 TITLE			Change Addition	
NAME		TIER, ANTHONY			1.2 NAME				
STREET ADDRESS		CARRIAGE HILL			1.3 STREET				
CITY-ST-ZIP	<del></del>	TY FL 34990		DELETE	1.4 CITY-S	T-ZIP			
TITLE	D	D CALII	L	DELETE	2.1 TITLE			Change Addition	
NAME SPECTOR, SAUL STREET ADDRESS 2381 SW CARRIAGE HILL TER			TED 100		2.2 NAME				
BALLI AMEL PI			ICK IVZ		2.3 STREET				
CITY-ST-ZIP TITLE	D D	IT FL	···	DELETE	2.4 City-5	ST-ZIP		Change L Addition	
NAME -	POSA, LI	IIOII E		] OCICN	3.1 TITLE	j		☐ Change ☐ Addition	
STREET ADDRESS		CARRIAGE HILL			3.2 NAME				
CITY-ST-ZIP		TY FL 34990			3.3 STREET		•	•	
TITLE	1 ALIN OI	1116 04000		DELETE	3.4. C/TY - 5 4.1 TITLE	51-ZIP		Change Addition	
NAME			_		4. 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-\$1-ZIP					4.4 City-S				
TITLE			E	DELETE	5.1 TITLE	1-511		☐ Change ☐ Addition	
NAME			_		5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP	;				5.4 CITY-S	- 1			
TITLE	<del> </del>	<del></del>		DELETE	6.1 TITLE	-		Change Addition	
NAME .					6.2 NAME			- —	
STREET ADDRESS	1 1	•			6.3 STREET	ADDRESS			
ATV - CT - 7ID					0.4.0071/-0				

14. Ido 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 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.

CR2E037 (9/96)

**FILED** 

Apr 21 1997 8:00am

Secretary of State