

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35982

1. Entity Name

CUTTER SOUND COMMUNITY ASSOCIATION, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90084 004 ****70.00

Principal Place of Business

2381 CARRIAGE HILL TERR
106
PALM CITY FL 34990
US

Mailing Address

2381 SW CARRIAGE HILL TERR
106
PALM CITY FL 34990-4338
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0224087

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPECTOR, SAUL
2381 SW CARRIAGE HILL TERR
UNIT 102
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name **GERALD BROWN**
Street Address (P.O. Box Number is Not Acceptable)
2381 SW CARRIAGE HILL TERRACE
#106
City **PALM CITY** FL Zip Code **34990**

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.

SIGNATURE

Gerald Brown **GERALD BROWN** 3-22-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** NAME **CARPENTIER, ANTHONY** ☒ Delete
STREET ADDRESS **2381 SW CARRIAGE HILL**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** NAME **SPECTOR, SAUL** ☒ Delete
STREET ADDRESS **2381 SW CARRIAGE HILL TER 102**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** NAME **POSA, LUCILLE** ☒ Delete
STREET ADDRESS **2381 SW CARRIAGE HILL**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **ERIC LA GRANGE** ☒ Change ☐ Addition
STREET ADDRESS **2381 SW CARRIAGE HILL #106**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** NAME **MARK BUELOW** ☒ Change ☐ Addition
STREET ADDRESS **2381 SW CARRIAGE HILL #106**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** NAME **JANET ALVAREZ** ☒ Change ☐ Addition
STREET ADDRESS **2381 SW CARRIAGE HILL #106**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

M. Buelow **MARIE BUELOW**

3/22/00

Date

Daytime Phone #

561 287-5600