FILE NOW: FILING FEE IS $61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90078 015 ****61.25

0012645

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003648**

1. Corporation Name
CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1895 OLIVIA CIR APOPKA FL 32703 US	1895 OLIVIA CIR APOPKA FL 32703 US

2. Principal Place of Business 21 P.O Box 1975 22 Suite, Apt. #, etc. 23 City & State: Apopka FL 24 Zip: 32704 25 Country: USA	2a. Mailing Address 26 P.O. Box 1975 27 Suite, Apt. #, etc. 28 City & State: Apopka FL 29 Zip: 32704 30 Country: USA	3. Date Incorporated or Qualifed: 07/22/1994 4. FEI Number: 59-3294609 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, STEVEN A
1895 OLIVIA CIR
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: VIRGINIA BLANKSON
82 Street Address (P.O. Box Number is Not Acceptable): 1944 Olivia Circle
83
84 City: Apopka **FL** 85 Zip Code: 32703

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: Virginia Blankson — DATE: 3-30-99
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 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ADAMS, STEPHEN A		1.2 NAME	BANKSON, VIRGINIA	
STREET ADDRESS	1895 OLIVIA CIR		1.3 STREET ADDRESS	PO Box 1975	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	Apopka FL 32704	
TITLE	SD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	ADAMS, PAUL L 111		2.2 NAME	BLASS, LEW	
STREET ADDRESS	1895 OLIVIA CIR		2.3 STREET ADDRESS	PO Box 1975	
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP	Apopka FL 32704	
TITLE	DT	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	ADAMS, PAUL L		3.2 NAME	MILLER, LINDA	
STREET ADDRESS	1895 OLIVIA CIR		3.3 STREET ADDRESS	PO Box 1975	
CITY-ST-ZIP	APOPKA FL 32703		3.4 CITY-ST-ZIP	Apopka FL 32704	
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME			4.2 NAME	PLATT, PAMELA	
STREET ADDRESS			4.3 STREET ADDRESS	PO Box 1975	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Apopka FL 32704	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Virginia Blankson — 3-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)