2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
09-07-2000 90005 036 ****61.25

DOCUMENT # N94000003648

1. Entity Name

CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1975 APOPKA FL 32704 US	P.O. BOX 1975 APOPKA FL 32704 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 1975	PO Box 1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka FL	City & State: Apopka FL
Zip: 32704 Country: USA	Zip: 32704 Country: USA

4. FEI Number 59-3294609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANKSON, VIRGINIA 1944 OLIVIA CIRCLE APOPKA FL 32703	Name Street Address (P.O. Box Number is Not Acceptable) SAME City **FL** Zip Code

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: Virginia Blankson 9-4-00
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
After September 13, 2000 min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANKSON, VIRGINIA P.O. BOX 1975 APOPKA FL 32704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLASS, LEW P.O. BOX 1975 APOPKA FL 32704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~MILLER, LINDA~~ Ashworth P.O. BOX 1975 APOPKA FL 32704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDA Ashworth PO BOX 1975 Apopka-FL 32704 ☒ Change ☒ Addition (LAST NAME)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLATT, PAMELA P.O. BOX 1975 APOPKA FL 32704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED Virginia Blankson 9-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #