2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N94000003648

Entity Name: CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE., STE 110
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY DRIVE., STE 110
SUITE 105
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3294609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N. LAKE DESTINY DRIVE., STE 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARKER, PETER
Address: 1823 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: MEAGHER, KRISTY
Address: 1916 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete
Name: PORRECA, LOU
Address: 1892 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: CHAUCY, GLEN
Address: 1936 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: GARM, ROGER
Address: 1912 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED MERCED CONT 02/10/2009

Electronic Signature of Signing Officer or Director — Date