

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009767

Entity Name: THE CUTLER CAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7755 SW 192 STREET
CUTLER BAY, FL 33157**Current Mailing Address:**7755 SW 192 STREET
CUTLER BAY, FL 33157**FEI Number:** 42-1625721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATTN: SCOTT J. LEVINE, ESQ.
C/O BROUGH, CHADROW & LEVINE, P.A.
1900 N. COMMERCE PARKWAY
WESTON, FL 33326 US*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**Officer/Director Detail :**

Title	PD
Name	NIETO, PATRICIA
Address	7467 SW 189 STREET
City-State-Zip:	CUTLER BAY FL 33157

Title	VPD
Name	PATTERSON, TODD
Address	19026 SW 76 AVE
City-State-Zip:	CUTLER BAY FL 33157

Title	TD
Name	ADES, HARVEY
Address	7438 SW 189 TERRACE
City-State-Zip:	CUTLER BAY FL 33157

Title	SD
Name	DAVIS, GLENN
Address	7767 SW 192 STREET
City-State-Zip:	CUTLER BAY FL 33157

Title	D
Name	GUILFORD, GREGG
Address	7848 SW 195 TERRACE
City-State-Zip:	CUTLER BAY FL 33157

Title	D
Name	LESTER, ANTHONY
Address	7863 SW 193 STREET
City-State-Zip:	CUTLER BAY FL 33157

Title	D
Name	GONZALEZ, ROBERT
Address	18787 SW 79 AVE
City-State-Zip:	CUTLER BAY FL 33157

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA NIETO**PRESIDENT****01/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date