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	E: TOM REILLY			01/13/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PRESIDENT	
Name	RICH, KRISTA	Name	REILLY, TOM	
Address	7880 SW 181 TERRACE	Address	7701 SW 181 TERRACE	
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157	
Title	TREASURER	Title	SECRETARY	
Name	SALINAS, WILLIAM	Name	SHAY, MICHELLE	
Address	7880 SW 181 TERR	Address	7761 SW 183 TERR	
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157	
Title	HOSPITALITY			
Name	SANDERS, TRISH			
Address	7800 SW 181 TERRACE			

7701 SW 181 TERRACE PALMETTO BAY. FL 33157 US

Current Principal Place of Business:

FEI Number: 65-0014383

Current Mailing Address:

DOCUMENT# N03090

7701 SW 181 TERRACE PALMETTO BAY, FL 33157

Name and Address of Current Registered Agent:

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CAPE CUTLER HOMEOWNERS ASSOCIATION, INC.

REILLY, TOM 7701 SW 181 TERRACE PALMETTO BAY, FL 33157 US

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: MICHELLE SHAY

City-State-Zip: PALMETTO BAY FL 33157

SECRETARY

01/13/2021

Electronic Signature of Signing Officer/Director Detail

FILED Jan 13, 2021

Secretary of State 2640726711CC

Certificate of Status Desired: No

Date