

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003648

Entity Name: CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**620 N WYMORE RD
SUITE 240
MAITLAND, FL 32751**Current Mailing Address:**620 N WYMORE RD
SUITE 240
MAITLAND, FL 32751 US**FEI Number:** 59-3294609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAHNKE, ALICE F
620 N WYMORE RD
SUITE 240
MAITLAND, FL 32751 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:** ALICE F MAHNKE

01/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	KLINGER, JENNIFER
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	TREASURER
Name	ADAMS, PAUL
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	REYNOLDS, ERIK
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	HERNANDEZ, MARISEL
Address	901 NORTH LAKE DESTINY RD, STE 110
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GARM, ROGER
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	STEPHENS, MARILYN
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

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: JENNIFER KLINGER

PRESIDENT

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date