## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with a

SIGNATURE:

## May 16, 2006 8:00 am Secretary of State **DOCUMENT #755457** 05-16-2006 90019 039 \*\*\*\*61 25 CUTLER CREEK CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 40092412 13205 SW 137 AVENUE C/O ALLIED PROPERTY GROUP 232 13205 SW 137 AVE. STE 232 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business (3200 SW (2) 13200 SW 128 St 02032006 CR2E037 (11/05) Chg-NP 4. FEI Number 59-2054784 City & State MIAMI Applied For Not Applicable \$8.75 Additional 33186 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISINGER, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD 265 SOUTH HOLLYWOOD, FL 33021 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. I am familiar with, and accept the obligations of registered agent. 2/3/0U. Dennis J. Eisinger , Esq. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD TITLE ☐ Delete Change Addition TITLE NAME FERGUSON, JENNIFER NAME Jennifer Erguson 2000 Sw 103 PL 20900 SW 103 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP Delete TITLE □ Change Addition TITLE MENNELLE, ARIELLE C NAME NAME STREET ADDRESS 10371 SW 209 LANE STREET ADDRESS MIAMI, FL 33189 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition JOHNSON, KIMBERLIE NAME NAME STREET ADDRESS 10369 SW 209 LANE STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33189 CITY-ST-ZIP ☐ Delete ☐ Addition NAME COAKLEY, BARBARA NAME 20921 SW 109 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33189 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change MORRIS, LORNA NAME 20917 SW 103 CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME WILLIAMS JR., JAMES C NAME 10385 SW 209 LANE STREET ADDRESS STREET ADDRESS MIAMI, FL 33189 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 enjowered 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.

JAMES Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED