



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90012 040 \*\*\*\*61.25

<b>DOCUMENT # 755457</b> 1. Entity Name <b>CUTLER CREEK CLUB ASSOCIATION, INC.</b>																																																																																																																										
Principal Place of Business 12350 SW 132 CT 114 MIAMI, FL 33186 US			Mailing Address 12350 SW 132 CT 114 MIAMI, FL 33186 US																																																																																																																							
<b>C/O Allied Property Group Inc.</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>12350 SW 132 CT</b> Suite, Apt. #, etc. <b>Suite 114</b> City & State <b>Miami, Florida</b> Zip <b>33186</b> Country <b>Miami-Dade</b>		3. Mailing Address <b>12350 SW 132 CT</b> Suite, Apt. #, etc. <b>Suite 114</b> City & State <b>Miami, Florida</b> Zip <b>33186</b> Country <b>Miami-Dade</b>																																																																																																																								
4. FEI Number <b>59-2054784</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																						
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent  <b>EISINGER, DENNIS J</b> <b>4000 HOLLYWOOD BLVD</b> <b>265 SOUTH</b> <b>HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																							
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.																																																																																																																										
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																										
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																						
Make check payable to (Florida Department of State)																																																																																																																										
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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 empowered 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.																																																																																																																										
<b>SIGNATURE:</b> <u>Andres Lugo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																										
Date _____ Daytime Phone # _____																																																																																																																										