

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755457

FILED
Mar 24, 2009
Secretary of State

Entity Name: CUTLER CREEK CLUB ASSOCIATION, INC.

Current Principal Place of Business:

C/O9 ALLIED PROPERTY GROUP INC.
12350 SW 132 CT SUITE 114
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O9 ALLIED PROPERTY GROUP INC.
12350 SW 132 CT SUITE 114
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2054784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS J
4000 HOLLYWOOD BLVD
265 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FERGUSON, JENNIFER
Address: 20900 SW 103 PL
City-St-Zip: MIAMI, FL 33189

Title: S () Delete
Name: JOHNSON, KIMBERLIE
Address: 10369 SW 209 LN
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: COAKLEY, BARBARA
Address: 20921 SW 109 PLACE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: MORRIS, LORNA
Address: 20917 SW 103 CR
City-St-Zip: MIAMI, FL 33189

Title: VP () Delete
Name: WILLIAMS JR, JAMES C
Address: 10385 SW 209 LANE
City-St-Zip: MIAMI, FL 33189

Title: P (X) Delete
Name: LUGO, ANDRES
Address: 12350 SW 132 CT #114
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: FERGUSON, JENNIFER
Address: 20900 SW 103 PL
City-St-Zip: MIAMI, FL 33189

Title: SD (X) Change () Addition
Name: JOHNSON, KIMBERLIE
Address: 10369 SW 209 LN
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LUGO, ANDRES
Address: 12350 SW 132 CT # 114
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDRES LUGO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date