NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-02

SECRETARY OF STATE DOCUMENT # 764863 1. Entity Name OID Cutter Cove Townhouse Association 02 MAR 26 PM 4:00 DO NOT WRITE IN THIS SPACE 203 TENEACE 3/2/01 90082 010 61.8 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNUMBER 81163 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Initial or Amended UBR Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE Pina NAME NAME 200005282562---04/16/02--01038--013 10 SID 203 TEXRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****61_25 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TIME TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Wilbert O. BASCOM NAME NAME. 15681 SO 1474 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE TITLE hustine aimaer NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction 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 on an attachment with an address, with all other like empowered.

WILBERT O. BASCOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

April 4, 2002

Mr. Andy Dunlap
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Old Cutler Cove Townhouse Association

Dear Mr. Dunlap:

Enclosed is a completed Uniform Business Report (UBR) for 2002 and our check in the amount of \$61.25 for the annual filing fee.

I hope that this payment together with the fact that our Association did not receive a notice from the Department of State on March 6, 2000 requesting a clarification of information related to our filing for that year, will be sufficient for you to reactivate our Association status to "active" immediately.

If you require any additional information, I may be contacted at (305) 234-5543.

Sincerely,

Philip & Pina, &. Philip Al Pina, Jr.

President

Enclosures