

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90038 038 ****61.85

DOCUMENT # 769975

1. Entity Name *
CUT ABOVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**C/O CHERYL VOGT
20050 NW 71 CT.
MCINTOSH, FL 32664-0731 US**

Mailing Address

**PO BOX 731
MCINTOSH, FL 32664-0731 US**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2536889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOGT, CHERYL A
20050 NW 71ST CT.
PO BOX 731
MCINTOSH, FL 32664**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	NOTTINGHAM, JOHN
STREET ADDRESS	PO BOX 19
CITY- ST- ZIP	MCINTOSH, FL 32664
TITLE	ST
NAME	BLEIWEIS, ROXANNE
STREET ADDRESS	PO BOX 561
CITY- ST- ZIP	MCINTOSH, FL 32664
TITLE	DP
NAME	VOGT, CHERYL
STREET ADDRESS	PO BOX 731
CITY- ST- ZIP	MCINTOSH, FL 326640731

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05
Date

352-591-0702
Daytime Phone #