2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

1. Entity Name CUT ABOVE HOMEOWNERS' ASSOCIATION, INC.					03-	-14-2006 900	031 050 ****61	1.25
	/OGT 1 CT. L 32664-0731 US	Mailing Address PO BOX 731 MCINTOSH, FL 32664-0	0731 US					
2. Principal Place of Business 3.		3. Mailing Address Po BoX 19						
Suite, Apt. #, etc. 20172 NW 71st CF		Suite, Apt. #, etc.			01092006 Chg	J-NP C	CR2E037 (11/05)	
City & State MCINTOSH, FL		MCINTASH FL		-	4. FEI Number 59-2536889	· · · · · · · · · · · · · · · · · · ·	 	oplied For of Applicable
Zip Country LIS AMPATON		32664 US			5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Addre	ss of New Regi	stered Agent	
VOGT, CHERYL A 20050 NW 71ST CT.				Street Address (P.O. Box Number is Not Acceptable)				
PO BOX 731 MCINTOSH, FL 32664			2/	20172 NW 7/ ST CT-				
MGINTOSH, FE 32004			City	Po Bpメ 19 City MC エルナッタ6 FL Zip Code 3 2664				
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 TOUN NO THING AM PRESIDENT JUM PUTTING DATE Signature, typed or printed name of registered agent and tide if applicable. (NOTE, Registered Agent is fracture required when renstating) DATE								
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1	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		o \$	55.00 May Be Added to Fees		check payable to Department of St	
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Co	ntribution.	م نا	55.00 May Be Added to Fees	Florida ——	Department of 8	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR VPT NOTTINGHAM, JOHN PO BOX 19	Trust Fund Co	11. TITLE NAME STREET ADDRESS	P/D FOR	Added to Fees DDITIONS/CHANGES AN NOTTA	Florida S TO OFFICERS	Department of 86 AND DIRECTORS IN Change	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR VPT NOTTINGHAM, JOHN PO BOX 19 MCINTOSH, FL 32664 ST	Trust Fund Co	11. ITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TOPOE MC	Added to Fees DITIONS/CHANGES AN NOTTA BOX 19 ENTRES h.	Florida 3 10 OFFICERS NOTE OF AM NOTE OF	Department of 86 AND DIRECTORS IN Change	tate
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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: Toby Nottingham (PD) John Nathylam 2-21-06 352591570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF DIRECTOR DATE Date Daysone Priore +