

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2006 90031 050 ****61.25

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	
2. Principal Place of Business C/O JOHN NOTTINGHAM Suite, Apt. #, etc. 20172 NW 71st CT.		3. Mailing Address PO BOX 19 Suite, Apt. #, etc.	
City & State MCINTOSH, FL Zip 32664		City & State MCINTOSH, FL Zip 32664	
Country US		Country US	
4. FEI Number 59-2536889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name JOHN NOTTINGHAM Street Address (P.O. Box Number is Not Acceptable) 20172 NW 71st CT. PO BOX 19 City MCINTOSH FL Zip Code 32664	
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 JOHN NOTTINGHAM, PRESIDENT <i>John Nottingham 2-21-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renouncing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NOTTINGHAM, JOHN PO BOX 19 MCINTOSH, FL 32664 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHN NOTTINGHAM PO BOX 19 MCINTOSH, FL 32664 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLEIWEIS, ROXANNE PO BOX 561 MCINTOSH, FL 32664 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAN BENCH PO BOX 6 MCINTOSH, FL 32664 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VOGT, CHERYL PO BOX 731 MCINTOSH, FL 326640731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD FERMIN CASTANO PO BOX 1733 OCALA, FL 34478 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: JOHN NOTTINGHAM (P/D) <i>John Nottingham 2-21-06 3525915701</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			