


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 769975 1. Entity Name CUT ABOVE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business C/O JOHN NOTTINGHAM 20172 NW 71ST CT. MC INTOSH, FL 32664 US	Mailing Address PO BOX 19 MC INTOSH, FL 32664 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

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

**NOTTINGHAM, JOHN
20172 NW 71ST CT.
PO BOX 19
MCINTOSH, FL 32664**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTTINGHAM, JOHN PO BOX 19 MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENCH, JAN PO BOX G MC INTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASIANO, FERMIN PO BOX 1733 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000699294
04/19/07-80036-024 61.25

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 **John Nottingham** 01-03-07 352-5915701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #