FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03473** **(0)**

1. Corporation Name
CUTLER CREEK VILLAGE BOARD OF GOVERNORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10360 SW 220 STREET MIAMI FL 33190	10360 SW 220 STREET MIAMI FL 33190

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/17/1989**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FEINGOLD, MARTIN
12231 S.W. 131 AVE.
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name: Stephen Suits
82 Street Address (P.O. Box Number is Not Acceptable): 12000 SW 114 Place
83
84 City: Miami — 85 FL — Zip Code: 33176

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] — 4-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	SPRATT, MARY	1.2 NAME	Spratt-Cotto, Mary
STREET ADDRESS	22221 SW 103 AVE	1.3 STREET ADDRESS	2221 SW 103 Ave.
CITY-ST-ZIP	MIAMI FL 33190	1.4 CITY-ST-ZIP	Miami, Fl. 33190
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DEREK	2.2 NAME	
STREET ADDRESS	22328 SW 103 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33190	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	COTTO, RAYMOND L.	3.2 NAME	Cotto, Raymond
STREET ADDRESS	22221 S.W. 103 AVE.	3.3 STREET ADDRESS	2221 SW 103 Ave.
CITY-ST-ZIP	MIAMI FL 33190	3.4 CITY-ST-ZIP	Miami, FL. 33190
TITLE		4.1 TITLE	PD ☐ Change ☒ Addition
NAME		4.2 NAME	Helen Eargle
STREET ADDRESS		4.3 STREET ADDRESS	10350 SW 220 St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl. 33190
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Spratt Cotto — 04/26/95 — 3022323119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200419 CP