

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

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90003 004 \*\*\*\*61.25

**DOCUMENT # N02000009767**

1. Entity Name  
**THE CUTLER CAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5835 BLUE LAGOON DRIVE**  
**4TH FLOOR**  
**MIAMI, FL 33126**

Mailing Address  
**5835 BLUE LAGOON DRIVE**  
**4TH FLOOR**  
**MIAMI, FL 33126**

**50063397**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**42-1625721**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE SOUTHEAST THIRD AVENUE**  
**28TH FLOOR**  
**MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 **D**  Delete  
 NAME **SIRES-GARCIA, MELISSA**  
 STREET ADDRESS **5835 BLUE LAGOON DR 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP**  Delete  
 NAME **DONOSO, MARIA**  
 STREET ADDRESS **5835 BLUE LAGOON DR 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVPT**  Delete  
 NAME **MARTIN, TANIA M**  
 STREET ADDRESS **5835 BLUE LAGOON DR 4TH FL**  
 CITY-ST-ZIP **MIAMI, FL 33128**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

*Maria Donoso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05

Date

Daytime Phone #