

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 01, 2006 8:00 am
Secretary of State

05-23-2006 90012 050 ****61.25

66023715



08302006 Chg-NP CR2E037 (4/06)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 42-1625721				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				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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 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	D	Delete <input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRES-GARCIA, MELISSA		NAME		
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	DP	Delete <input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOSO, MARIA		NAME		
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Harvey Glaser	
STREET ADDRESS			STREET ADDRESS	5835 Blue Lagoon Dr. 4th Fl	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33126	
TITLE		Delete <input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Maura D'Amico, President</i>		Date: 8/28/06		Daytime Phone #: 760-437-9571	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					