

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 042 ****70.00

DOCUMENT # N04000006251

1. Entity Name
CUTLER LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O HARBOR MANAGEMENT SRVS, INC.
 15600 SW 288 STREET #406
 HOMESTEAD, FL 33033 US**

Mailing Address
**C/O HARBOR MANAGEMENT SRVS, INC.
 P.O. BOX 924176
 HOMESTEAD, FL 33092 US**

40034933



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3646123				Applied For
				Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
PIEDRA, AURELIO A 780 NW LEJEUNE RD STE 516 MIAMI, FL 33126			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, GLENN W PRESIDE			NAME			
STREET ADDRESS	15600 SW 288 STREET, #406			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33033			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, TINA M VP			NAME			
STREET ADDRESS	15600 SW 288 STREET, #406			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33033			CITY-ST-ZIP			
TITLE	S,T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRANO, EVELYN M SEC, TR			NAME			
STREET ADDRESS	15600 SW 288 STREET, #406			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33033			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		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: *Glenn W. Williams* *Glenn W. Williams* *2/21/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #