

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000008358

1. Entity Name

CUTTHROAT HARBOR ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business

1188 BASQUE LANE
CUDJOE KEY FL 33042

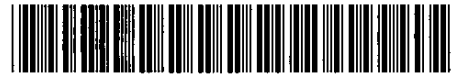
Mailing Address

1188 BASQUE LANE
CUDJOE KEY FL 33042

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 3: 04

06



REINSTATEMENT

06

2nd MOORE

CR2E037 (4/06)

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

75-3199282

Applied For

Not Applicable

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

MURPHY, SUSAN M
1188 BASQUE LANE
CUDJOE KEY FL 33042

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

FILE NOW: FEE IS \$61.25
Due By: September 6, 2006

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

TITLE P
NAME COOPER, GEORGE ☐ Delete
STREET ADDRESS 1044 LABAT LANE
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE VP
NAME O'QUINN, THOMAS ☐ Delete
STREET ADDRESS 1033 LABAT LANE
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE TREA
NAME COOPER, GEORGE ☐ Delete
STREET ADDRESS 1044 LABAT LANE
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE SEC
NAME MURPHY, SUSAN M ☐ Delete
STREET ADDRESS 1188 BASQUE LANE
CITY-ST-ZIP CUDJOE FL 33042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 400080188774
STREET ADDRESS 03/26/06--01068--004 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400080188774
STREET ADDRESS 11/03/06--01018--005 **\$175.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Susan M. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #