


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 034 ****61.25

DOCUMENT # N05000012373 1. Entity Name CUTLER GARDENS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174	Mailing Address 8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174
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200006817



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3935657	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

**DIAZ, OSVALDO J
7951 SW 40 STREET
206
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 **OSVALDO J. DIAZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, JULIO 8700 W. FLAGLER ST., SUITE 165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JULIO 8700 W FLAGLER ST, #165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Anthony Cecchini 8700 W Flagler St, #165 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07
Date

Daytime Phone #