


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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



01312008 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

**MORIS, ALBERTO N
8700 W. FLAGLER ST., SUITE 165
MIAMI, FL 33174**

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 _____
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 May 1, 2008**

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	S CECCHINI, ANTHONY 8700 W FLAGLER ST #165 MIAMI, FL 33174
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U000000821142
02/19/08-80012-009 61.25

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

Date

Daytime Phone #

1/31/08