

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 05, 2009
Secretary of State**

DOCUMENT# N05000012910

Entity Name: CUFFE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1101 ASHLAND AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1101 ASHLAND AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CUFFE, DAVID W
1101 ASHLAND AVENUE
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUFFE, DAVID W
Address: 1101 ASHLAND AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: CUFFE, PATRICIA M
Address: 1101 ASHLAND AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR () Delete
Name: ZERVOS, IRENE
Address: 1101 ASHLAND AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Delete
Name: ZEROS, ANGELA
Address: 1101 ASHLAND AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CUFFE

PRES

07/05/2009

Electronic Signature of Signing Officer or Director

Date