

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22237

FILED
Apr 20, 2008
Secretary of State

Entity Name: CUTLER LANDINGS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O 381 N. KROME AVE
SUITE 205
HOMESTEAD, FL 33030 US

New Principal Place of Business:

381 N. KROME AVE
SUITE 205
HOMESTEAD, FL 33030 US

Current Mailing Address:

P.O. BOX 901773
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 65-0018304 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUGLIUZZA, CHARLES R
381 N. KROME AVE
SUITE 205
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: MARIA ARIAS, ESQ

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLOUGH, SUZAN C
Address: 11965 SW 269 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: VP () Delete
Name: HUGUE, MICHELLE R
Address: 11991 SW 270 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: S () Delete
Name: GONZALEZ, BARBARA
Address: 11992 SW 269 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: BURNETTE, BRYAN
Address: 11774 SW 273 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: T () Delete
Name: LEE, CORNELIUS O
Address: 11848 SW 272 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: RIVERA, MIGUEL
Address: 11963 SW 271 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLOUGH, SUZAN C
Address: 11965 SW 269 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

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

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

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: SUZAN CLOUGH

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date