2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N26378

Entity Name: CUTLER CREEK WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14275 SW 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0107501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIAY, CARLOS A ESQUIRE
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TRIAY, CARLOS A
2301 NW 87TH AVENUE
SUITE 501
DORAL, FL 33172 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: CARLOS A TRIAY 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: GONZALEZ, ROBERT
Address: 10776 S W 104 CT
City-St-Zip: MIAMI, FL 33190

Title: PD ( ) Delete
Name: HALL, CLIFFORD
Address: 20523 SW 103 AVE
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete
Name: FRIAS, SALVADOR
Address: 20743 S W 103 AVE
City-St-Zip: MIAMI, FL 33190

Title: D ( ) Delete
Name: OJEDA, RAFAEL
Address: 20733 SW 103 AVE
City-St-Zip: MIAMI, FL 33190

Title: VPD ( ) Delete
Name: PIMENTAL, SONLLY
Address: 10431 SW 207 TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VPD (X) Change ( ) Addition
Name: PIMENTAL, SONLLY
Address: 10431 SW 207 TERR
City-St-Zip: MIAMI, FL 33189

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: ROBERT GONZALEZ DS 04/27/2009
Electronic Signature of Signing Officer or Director Date