
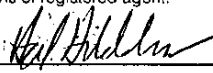
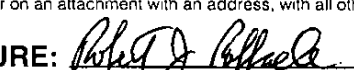


FILED
Apr 08, 2005 8:00 am
Secretary of State

40061010

DOCUMENT # N94000000486						Secretary of State 04-08-2005 90033 023 ****61.25	
1. Entity Name CUTTER COVE CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 320 ISLAND WAY CLEARWATER BEACH, FL 33767				Mailing Address 4175 EAST BAY DR 205 CLEARWATER, FL 33764			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3162633				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				7. Name and Address of New Registered Agent			
COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR. SUITE 205 CLEARWATER, FL 33764				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 				DATE 4/5/05			
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, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		DP <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		RAFFAELE, BOB		NAME			
STREET ADDRESS		320 ISLAND WAY #211		STREET ADDRESS			
CITY-ST-ZIP		CLEARWATER, FL 33767		CITY-ST-ZIP			
TITLE		VPD <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BURNETT, CHUCK		NAME			
STREET ADDRESS		320 ISLAND WAY, #509		STREET ADDRESS			
CITY-ST-ZIP		CLEARWATER, FL 33767		CITY-ST-ZIP			
TITLE		STD <input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		MARION, PAM		NAME		WEHOFFER, ROBERT	
STREET ADDRESS		320 ISLAND WAY, #210		STREET ADDRESS		100 S WAPELLA AVE	
CITY-ST-ZIP		CLEARWATER, FL 33757		CITY-ST-ZIP		MOUNT PROSPECT, IL 60056-3035	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE 4-1-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT J. RAFFAELE				Daytime Phone # 727-442-0480			