

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90016 040 ****61.25

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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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RAFFAELE, BOB	
STREET ADDRESS	320 ISLAND WAY #211	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, CHUCK	
STREET ADDRESS	320 ISLAND WAY, #509	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WEHOFER, ROBERT	
STREET ADDRESS	100 S WAPELLA AVE	
CITY-ST-ZIP	MOUNT PROSPECT IL 60056-3035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Wood	
STREET ADDRESS	320 Island Way 107	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Burnett	
STREET ADDRESS	320 Island Way 509	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	Sec. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Bonfiglio	
STREET ADDRESS	320 Island Way 501	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles Burnett

3/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #