

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000486

FILED
Apr 17, 2007
Secretary of State

Entity Name: CUTTER COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

320 ISLAND WAY
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

4175 EAST BAY DR
205
CLEARWATER, FL 33764

New Mailing Address:

28100 US HIGHWAY 19 NORTH
305
CLEARWATER, FL 33761

FEI Number: 59-3162633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DR.
SUITE 205
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

RESOURCE PROP MGMT
28100 US HIGHWAY 19 NORTH, SUITE 305
CLEARWATER, FL 33761 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: RESOURCE PROP MGMT

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WOOD, JANET
Address: 320 ISLAND WAY, #107
City-St-Zip: CLEARWATER, FL 33767

Title: P () Delete
Name: BURNETT, ARUCLE
Address: 320 ISLAND WAY, #509
City-St-Zip: CLEARWATER, FL 33767

Title: ST () Delete
Name: BAYFIGLIO, TONY
Address: 320 ISLAND WAY, #501
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: WEHOFFER, ROBERT
Address: 2300 N. LINCOLN PARK
City-St-Zip: CHICAGO, IL 60614

I hereby certify that the information supplied with this filing does not qualify for the 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: ARUCLE BURNETT

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date