

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000486

FILED  
Apr 28, 2008  
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:**

28100 US HIGHWAY 19 NORTH  
305  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 59-3162633      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: WEHOFFER, ROBERT  
Address: 2300 N. LINCOLN PARK  
City-St-Zip: CHICAGO, IL 60614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WOOD, JANET  
Address: 320 ISLAND WAY, #107  
City-St-Zip: CLEARWATER, FL 33767

Title: VPD (X) Change ( ) Addition  
Name: BURNETT, CHUCK  
Address: 320 ISLAND WAY, #509  
City-St-Zip: CLEARWATER, FL 33767

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: JANET WOOD

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date