2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # N94000003648** 04-28-2005 90148 027 ****61.25 CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 901 N. LAKE DESTINY DRIVE., STE 110 901 N. LAKE DESTINY DRIVE., STE 110 MAITLAND, FL 32751 US **SUITE 105** MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3294609 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE., STE 110 Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 3 City Zip Code 8. The above named entity submits this statement for the purpo ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2005 · · · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE Director PARKER, PETER NAME NAME STREET ADDRESS 1823 OLIVIA CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP VPD ☐ Change Addition TITLE TITLE ☐ Delete **VPD** NAME GALEMORE, MARK NAME Kristy Meagher 1916 OLIVIA CIRCLE STREET ADDRESS STREET ADDRESS 1872 Olivia Circle, Apopka, FL, 32703 CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete PORRECA, LOU NAME NAME 1892 OLIVIA CIRCLE STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary ☐ Change X Addition KLINGER, JENNIFER NAME NAME 1928 OLIVIA CIRCLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP APOPKA, FL 32703 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Treasurer NAME NAME Glen Chancy STREET ADDRESS STREET ADDRESS 1936 Olivia Circle, Apopka, Fl 32703 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Defete TITLE 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 emowered 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.

FILED

Daytime Phone #