

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 017 ****61.25

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1. Entity Name

CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

901 N. LAKE DESTINY DRIVE., STE 110
MAITLAND, FL 32751 US

Mailing Address

901 N. LAKE DESTINY DRIVE., STE 110
SUITE 105
MAITLAND, FL 32751 US



04142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3294609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, ROBIN L
901 N. LAKE DESTINY DRIVE., STE 110
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, PETER
STREET ADDRESS	1823 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VPD
NAME	MEAGHER, KRISTY
STREET ADDRESS	1916 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	PD
NAME	PORRECA, LOU
STREET ADDRESS	1892 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SD
NAME	KLINGER, JENNIFER
STREET ADDRESS	1928 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	TD
NAME	CHAUCY, GLEN
STREET ADDRESS	1936 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06