


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90213 014 \*\*\*\*70.00

<b>DOCUMENT # N95000004049</b>					
<b>1. Entity Name</b> CUTLER CREEK VILLAGE BOARD OF GOVERNORS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 15600 SW 288 ST - SUITE 406 HOMESTEAD, FL 33033 US			<b>Mailing Address</b> PO BOX 924176 HOMESTEAD, FL 33092 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0340830	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CHIN, ALBERT 9810 SW 215 TERRACE MIAMI, FL 33189			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> COSSEY, JOE S <b>STREET ADDRESS</b> 9745 SW 214 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Eamann Birkett <b>STREET ADDRESS</b> 10370 SW 220 #102 <b>CITY-ST-ZIP</b> MIAMI, FL 33190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HACKER, JAMES <b>STREET ADDRESS</b> 22308 SW 103 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33190	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CHIN SAN, KEEMIN <b>STREET ADDRESS</b> 13575 SW 83RD COURT <b>CITY-ST-ZIP</b> MIAMI, FL 33156	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> CHIN, ALBERT <b>STREET ADDRESS</b> 9810 SW 215 TER <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MARKLEY, JAMES M <b>STREET ADDRESS</b> 22350 SW 103 COURT <b>CITY-ST-ZIP</b> MIAMI, FL 33190	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DELLACAMERA, DANA M <b>STREET ADDRESS</b> 22315 SW 103 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33190	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> DellaCamera <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-10-07 <span style="float: right;">Daytime Phone # _____</span>		