
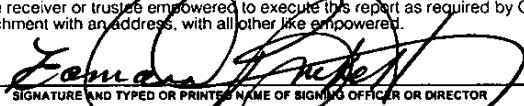


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90019 030 ****70.00

DOCUMENT # N95000004049					
1. Entity Name CUTLER CREEK VILLAGE BOARD OF GOVERNORS ASSOCIATION, INC.					
Principal Place of Business 15600 SW 288 ST - SUITE 406 HOMESTEAD, FL 33033 US			Mailing Address PO BOX 924176 HOMESTEAD, FL 33092 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0340830	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIN, ALBERT 9810 SW 215 TERRACE MIAMI, FL 33189			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP	NAME BRIKETT, EAMANN	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10370 SW 220 # 102	CITY-ST-ZIP MIAMI, FL 33190				
TITLE D	NAME HACKER, JAMES	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22308 SW 103 AVE	CITY-ST-ZIP MIAMI, FL 33190				
TITLE D	NAME CHIN SAN, KEEMIN	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13575 SW 83RD COURT	CITY-ST-ZIP MIAMI, FL 33156				
TITLE P	NAME CHIN, ALBERT	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9810 SW 215 TER	CITY-ST-ZIP MIAMI, FL 33189				
TITLE D	NAME MARKLEY, JAMES M	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22350 SW 103 COURT	CITY-ST-ZIP MIAMI, FL 33190				
TITLE D	NAME DELLACAMERA, DANA M	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22315 SW 103 AVE	CITY-ST-ZIP MIAMI, FL 33190				
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: 		Date: 2/12/2008 Daytime Phone #			