2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001746

FILED Apr 24, 2009 Secretary of State

Entity Name: HARBOUR ISLAND AT CUTTER SOUND ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2366 SW ISLAND CREEK TRAIL PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

PO BOX 1844 HOBE SOUND, FL 33475

FEI Number: 65-0678484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAX, SPENCER M SACHS, SAX & KLEIN P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431 US

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:

- Flateric Circulus of Decideral Access

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CLARK, FRAN DR.
 Name:
 ALLEN, CAROL

 Address:
 2426 SW ISLAND CREEK TRAIL
 Address:
 2412 SW ISLAND CREEK TRAIL

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: VD Title: (X) Change () Addition () Delete VEDILAGO, JAMES Name: RODRIGUEZ, IGNACIO DR. Name: Address: 2402 SW ISLAND CREEK TRAIL Address: 710 S. RIVER LANDING City-St-Zip: PALM CITY, FL 34990 City-St-Zip: EDGEWATER, MD 21037

Title: TD () Delete Title: () Change () Addition

 Name:
 EVANS, CHARLES
 Name:

 Address:
 2366 SW ISLAND CREEK TRAIL
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 NELSON, DARCI
 Name:

 Address:
 2410 SW ISLAND CREEK TRAIL
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

Name: ALLEN, CAROL Name: MALESKI, ALICIA

Address: 2412 SW ISLAND CREEK TRAIL Address: 2416 SW ISLAND CREEK TRAIL

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

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: CHARLES EVANS TD 04/24/2009