

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009767

**Entity Name:** THE CUTLER CAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7755 SW 192 STREET  
CUTLER BAY, FL 33157

**Current Mailing Address:**

7755 SW 192 STREET  
CUTLER BAY, FL 33157

**FEI Number: 42-1625721**

**Certificate of Status Desired: No**

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

ATTN: SCOTT J. LEVINE, ESQ.  
C/O BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PARKWAY  
WESTON, FL 33326 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name GOMEZ, BARBARA  
Address 7755 SW 192 ST  
City-State-Zip: CUTLER BAY FL 33157

Title PRESIDENT  
Name VILLANUEVA, CARLOS  
Address 7755 SW 192 ST  
City-State-Zip: CUTLER BAY FL 33157

Title SECRETARY  
Name BEYERLEIN, ALLISON  
Address 7755 SW 192 ST  
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR  
Name KABIR, ALAMGIR  
Address 7755 SW 192 STREET  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name VALIDO, CHRISTOPHER  
Address 7755 SW 192 ST  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name ACEVEDO, ANTHONY  
Address 7755 SW 192 ST  
City-State-Zip: MIAMI FL 33157

Title VP  
Name MUNEM, KHALIL  
Address 7755 SW 192 STREET  
City-State-Zip: CUTLER BAY FL 33157

*I hereby 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 all other like empowered.*

**SIGNATURE: CARLOS VILLANUEVA**

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date