

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N30972 (6)**

1. Corporation Name  
**OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>C/ SUSAN MITCHELL<br/>6731 SW 138TH ST<br/>MIAMI FL 33158<br/>US</b> | Mailing Address<br><b>C/O SUSAN MITCHELL<br/>6731 SW 138TH ST<br/>MIAMI FL 33158-1379<br/>US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/03/1989</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Country<br><b>29</b>                        | Zip<br><b>30</b>                 |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0150012</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

**RINGEL, THOMAS  
6732 SW 139TH STREET  
MIAMI FL 33158**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>FL</b> <b>85</b> Zip Code                                 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>KLINE, DEANNA</b>                                |
| STREET ADDRESS | <b>13851 S W 67TH CT</b>                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>P</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FOLEY, LORI</b>                                  |
| STREET ADDRESS | <b>6724 SW 139TH ST</b>                             |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>STARK, STEVE</b>                                 |
| STREET ADDRESS | <b>6753 S.W. 138TH STREET</b>                       |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>T</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MITCHELL, SUSAN</b>                              |
| STREET ADDRESS | <b>6731 SW 138TH STREET</b>                         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MITCHELL, FRANK</b>                              |
| STREET ADDRESS | <b>6731 SW 138TH STREET</b>                         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>SCHILLING, I E</b>                               |
| STREET ADDRESS | <b>6712 SW 139TH STREET</b>                         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>KAREN WILKINS</b>  |
| 2.3 STREET ADDRESS | <b>13835 SW 67 PLACE</b>  |
| 2.4 CITY-ST-ZIP    | <b>MIAMI FL 33158</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/16/97** (b) 222-8187

CR2E037 (9/96)