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NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION

| Finding Place of Business | INC. | | | | | | | | |
|--|--|---|--|-----------------------|---|--|--|--|--|
| Section Sect | Principal Place of Business Mailing Addr | | Mailing Address | ; | | 1 10044464 000 44411 004110 10111 105410 1 | INT NIBIT NIBIT DIDIT DIRIL DINIL NIBIT FRAN | | |
| A Principal Piace of Business 2a. Melling Address 2a. Melling Address 2b. 4. FEI Number 65-0150012 Applied For 10th Applicable 2b. 50th April 4. Feb. 65-0150012 Number 65-0150012 Not Applicable 2b. 50th April 4. Feb. 65-0150012 Not Applicable 2b. 50th April 4. Feb. 65-0150012 Not Applicable 2b. 50th Applicable 2b. | 6731 SW 138TH ST MIAMI FL 33158 | | 6731 SW 138TH ST MIAMI FL 33158-1379 | | | 10.0.0 | | | |
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| 28 | | | 27 | | 5. Certificate of Status Desired | | | | |
| Zip | | | | | , , , | | | | |
| 28 | | | | Zip Country | | | | | |
| RINGEL, THOMAS 6732 SW 1397H STREET MIAMI FL 33158 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617, 1506. Fiorida Statutos, the opporation is board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 617,0503. Florida Statutos, the opporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503. Florida Statutos Signature | 24 | | | 30 | | · • | | | |
| RINGEL, THOMAS 6732 SW 139TH STREET MIAMI FL 33158 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sociations 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 in familiar with, and accept the obligations of, Section 167 (5053, Pendida Statutes). SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SIRRET ADDRESS KLINE, DEANNA 13851 S W 67TH CT 13. SIRRET ADDRESS KLINE, DEANNA 13851 S W 67TH CT 13. SIRRET ADDRESS CITY-51-2P MIAMI FL DIELET 14. CITY-51-2P MIAMI FL DIELET 15. ALGITY-51-2P MIAMI FL DIELET 15. ALGITY-51-2P MIAMI FL DIELET 15. ALGITY-51-2P MIAMI FL DIELET 15. SIRRET ADDRESS 15. SIRRET ADDRE | | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | gistered Agent | | |
| 6732 SW 139TH STREET MIAMI FL 33158 64 City FL 85 Zip Code 65 Zip Code 66 Zip Code 66 Zip Code 66 Zip Code 67 Social Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was purificated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was purificated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was purificated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was purificated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was purificated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Point as State of Poin | | | | 81 | Name | | | | |
| MIAMI FL 33158 | | | | 82 | Street | Address (P.O. Box Number is Not Acceptab | ile) | | |
| Section Sect | | | | | | | | | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Stetutos, the above-named corporation submits this statement for the purpose of changing its 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, 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, and accept the obligations of, Section 617 0503. Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SECTION STORM KLINE, DEANNA 12. NAME SIREET ADDRESS 13851 S W 67TH CT 1385 | MIAMI FI | L 33158 | | | | | | | |
| ST. 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 efficiency registered agent. I am familiar with, and accept the obligations of, Section 617, 0503. Florida Statutes. SIGNATURE | | | | 64 | City | | FL 85 Zip Code | | |
| SIGNATURE Symbolium, byped or printed name of registered agent and too if applicable 100°L Finguieted Agent algorium required whom remotaling) | 11. Pursuant office or r | to the provisions of Sections 617.05 egistered agent, or both, in the Sta | 502 and 617.1508, Florida Statut te of Florida. Such change was | e-named y the corp | corporation submits this statement for the poration's board of directors. I hereby accept | | | | |
| Signature, typed or printed name of regressions agent and teef (appticable) POTE Registered Agent dignature required when remetaling) DATE | | | | | | | | | |
| TITLE S | SIGNATURE . | Signature, typed or printed name of registered a | agent and title if applicable (NO) | E: Registered Ag | ent signature | required when reinstating) | DATE | | |
| NAME STREET ADDRESS 13851 S W 67TH CT 13 STREET ADDRESS 13851 S W 67TH CT 14 CITY-ST-ZP MIAMI FL 14 CITY-ST-ZP MIAMI FL 15 CITY-ST-ZP 15 CI | 12. | OFFICERS A | | 13. | | ADDITIONS/CHANGES TO OFFICE | | | |
| 13851 S W 67TH CT | TITLE | • | L_J DELETE | 1.1 TITLE | | | Change Addition | | |
| MIAMI FL | NAME | | | 1,2 NAME | | | | | |
| TITLE NAME FOLEY, LORI STREET ADDRESS G724 SW 139TH ST G174-7-ZIP MIAMI FL NAME STREET ADDRESS G753 S.W. 138TH STREET MIAMI FL TITLE T NAME STREET ADDRESS G753 S.W. 138TH STREET MIAMI FL TITLE T NAME MITCHELL, SUSAN STREET ADDRESS G731 SW 138TH STREET MIAMI FL TITLE D DELETE G731 SW 138TH STREET G77-ST-ZIP MIAMI FL TITLE D MICHELL, FRANK G731 SW 138TH STREET SSTREET ADDRESS G771-ZIP MIAMI FL TITLE D MITCHELL, FRANK G731 SW 138TH STREET SSTREET ADDRESS G771-ZIP MIAMI FL TITLE D MITCHELL, FRANK G731 SW 138TH STREET SSTREET ADDRESS G771-ZIP MIAMI FL G2 NAME STREET ADDRESS G771-ZIP MIAMI FL G2 NAME G711 SW 138TH STREET G2 NAME G731 SW 138TH STREET G3 STREET ADDRESS G771-ZIP MIAMI FL G2 NAME G711 SW 138TH STREET G3 STREET ADDRESS G771-ZIP MIAMI FL G2 NAME G711 SW 138TH STREET G3 STREET ADDRESS G7712 SW 139TH STREET G3 STREET ADDRESS G712 SW 139TH STREET | · | | | | | | | | |
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| TITLE | STREET ADDRESS | • | | 3.3 STREE | T ADDRESS | | | | |
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14. Ido 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.