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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30972 (6)
1. Corporation Name
OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/ SUSAN MITCHELL 6731 SW 138TH ST MIAMI FL 33158 US	Mailing Address C/O SUSAN MITCHELL 6731 SW 138TH ST MIAMI FL 33158 US
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3. Date Incorporated or Qualified
03/03/1989

4. FEI Number 65-0150012	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business 40 Susan Connell	26. Mailing Address 40 Susan Connell
22. Suite, Apt. #, etc. 6754 SW 139 ST.	27. Suite, Apt. #, etc. 6754 SW 139 ST.
23. City & State Miami, FL 33158	28. City & State Miami, FL 33158
24. Zip 33158	25. Country USA
29. Zip 33158	30. Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

RINGEL, THOMAS 6732 SW 139TH STREET MIAMI FL 33158	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code FL

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
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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	S <input checked="" type="checkbox"/> DELETE
NAME	KLINE, DEANNA
STREET ADDRESS	13851 S W 67TH CT
CITY-ST-ZIP	MIAMI FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WILKINS, KAREN
STREET ADDRESS	13835 SW 67 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STARK, STEVE
STREET ADDRESS	6753 S.W. 138TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, SUSAN
STREET ADDRESS	6731 SW 138TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, FRANK
STREET ADDRESS	6731 SW 138TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHILLING, I E
STREET ADDRESS	6712 SW 139TH STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robin S. Ringel
1.3 STREET ADDRESS	6732 SW 139 Street
1.4 CITY-ST-ZIP	Miami, FL 33158
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charlotte Mandell
2.3 STREET ADDRESS	6745 SW 139 Street
2.4 CITY-ST-ZIP	Miami, FL 33158
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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan Lynn Connell
4.3 STREET ADDRESS	6754 SW 139 Street
4.4 CITY-ST-ZIP	Miami, FL 33158
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lori A. Foley
5.3 STREET ADDRESS	6724 SW 139 Street
5.4 CITY-ST-ZIP	Miami, FL 33158
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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: *Susan Lynn Connell* 4-20-98 815-4208

CR2E037 (10/97)