

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 030 ****61.25

002789

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30972

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

Principal Place of Business C/ SUSAN CONNELL 6754 SW 139TH ST MIAMI FL 33158 US	Mailing Address C/ SUSAN CONNELL C/O 6754 SW 139TH ST MIAMI FL 33158 US
---	---



2. Principal Place of Business 21 6753 S. W. 138 Street Suite, Apt. #, etc. 22 c/o Margita Stark City & State 23 Miami, FL Zip Country 24 33158 25 USA	2a. Mailing Address 26 1731 Colonial Dr Suite, Apt. #, etc. 27 c/o Susan Mitchell City & State 28 Green Cove Springs FL Zip Country 29 32043 30 USA	3. Date Incorporated or Qualified 03/03/1989	4. FEI Number 65-0150012	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RINGEL, THOMAS 6732 SW 139TH STREET MIAMI FL 33158				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RINGEL, ROBIN S		1.2 NAME	Margita Stark			
STREET ADDRESS	6732 SW 139 ST		1.3 STREET ADDRESS	6753 S. W. 138 Street			
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-ST-ZIP	Miami, FL 33158			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MANDELL, CHARLOTTE		2.2 NAME	Guillermo Castro			
STREET ADDRESS	6745 SW 139 ST		2.3 STREET ADDRESS	6711 S. W. 138 Street			
CITY-ST-ZIP	MIAMI FL 33158		2.4 CITY-ST-ZIP	Miami, FL 33158			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STARK, STEVE		3.2 NAME				
STREET ADDRESS	6745 S.W. 138TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CONNELL, SUSAN L		4.2 NAME	Susan E. Mitchell			
STREET ADDRESS	6754 SW 139 ST		4.3 STREET ADDRESS	1731 Colonial Drive			
CITY-ST-ZIP	MIAMI FL 33158		4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOLEY, LORI A		5.2 NAME				
STREET ADDRESS	6724 SW 138TH STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33158		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHILLING, I E		6.2 NAME				
STREET ADDRESS	6712 SW 139TH STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: Susan E. Mitchell SIGNATURE REQUIRED
 Date: 4-16-99 Daytime Phone #: 904-529-7215

CR2E037-(11/98)