

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90070 017 ****61.25

DOCUMENT # N30972

1. Entity Name

OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

~~G/ MARGARET STARK~~
~~6753 SW 138 ST~~
 MIAMI FL 33158
 US

C/ SUSAN MITCHELL
 1731 COLONIAL DR
 GREEN COVE SPRINGS FL 32043-8006
 US

2. Principal Place of Business

13824 S. W. 67 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0150012

Applied For

Not Applicable

Zip

33158

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINGEL, THOMAS
6732 SW 139TH STREET
MIAMI FL 33158

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	STARK, MARGITA	6753 S.W. 138TH STREET	MIAMI FL 33158	<input type="checkbox"/>
P	GUILERMO, CASTRO	6711 S.W. 138TH STREET	MIAMI FL 33158	<input type="checkbox"/>
D	STARK, STEVE	6745 S.W. 138TH STREET	MIAMI FL	<input checked="" type="checkbox"/>
T	MITCHELL, SUSAN E	1731 COLONIAL DR	GREEN COVE SPRINGS FL 32043	<input type="checkbox"/>
D	FOLEY, LORI A	6724 SW 138TH STREET	MIAMI FL 33158	<input checked="" type="checkbox"/>
D	SCHILLING, I E	6712 SW 139TH STREET	MIAMI FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Ronald Kriss	6723 S. W. 138 Street	Miami, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary	Elizabeth Davis	6731 S. W. 138 Street	Miami, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Thomas Ringel	6732 S. W. 139 Street	Miami, FL 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Mitchell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

904-529-7215

Date

Daytime Phone #

CR2E037 (9/99)