

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30972

1. Entity Name

OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION,

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

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

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



DO NOT WRITE IN THIS SPACE

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

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

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

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)