


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 045 ****61.25

DOCUMENT # N30972					
1. Entity Name OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13824 SW 67 AVE MIAMI, FL 33158 US		Mailing Address C/ SUSAN MITCHELL 1731 COLONIAL DR GREEN COVE SPRINGS, FL 32043 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, MARGITA		NAME	ALAN DRECKSLER	
STREET ADDRESS	6753 S.W. 138TH STREET		STREET ADDRESS	13851 SW 67 CT.	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY, UPSHAW		NAME		
STREET ADDRESS	13836 SW 67 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISS, RONALD		NAME	ROBIN RINGEL	
STREET ADDRESS	6723 SW 138 STREET		STREET ADDRESS	6732 SW 139 ST.	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, SUSAN E		NAME		
STREET ADDRESS	1731 COLONIAL DR		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRECKSLER, RHONDA		NAME		
STREET ADDRESS	13851 SOUTHWEST 67 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZAIE, SHAHIN		NAME	AUINASH BALKINSSOON	
STREET ADDRESS	13815 SW 67 PL		STREET ADDRESS	6724 SW 139 ST.	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Susan E. Mitchell</i> / SUSAN E. MITCHELL		Date: 4/20/07		Daytime Phone #: 904-529-7215	
TREASURER					