

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002909

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** OLD CUTLER MEADOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8218 SW 193 STREET  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

8218 SW 193 STREET  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-1016901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARINA, PATRICIA  
8218 SW 193 STREET  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARINA, PATRICIA  
Address: 8218 SW 193 STREET  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: TONG-NOON, JEAN  
Address: 8317 SW 193 ST.  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: COFER, CAROLYN  
Address: 8217 SW 193RD STREET  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: CHACON, GUSTAVO  
Address: 8202 SW 193 ST.  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: DE RUITER, KARI  
Address: 8333 SW 193 STREET  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA FARINA

PD

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date