

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 29, 2009
Secretary of State

DOCUMENT# N94000002909

Entity Name: OLD CUTLER MEADOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8218 SW 193 STREET
CUTLER BAY, FL 33157**New Principal Place of Business:****Current Mailing Address:**400 S.W. 107TH AVENUE
SUITE 312
MIAMI, FL 33174**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
CUTLER BAY, 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: CUTLER BAY, FL 33157**Title:** D () Delete
Name: TONG-NOON, JEAN
Address: 8317 SW 193 ST.
City-St-Zip: CUTLER BAY, FL 33157**Title:** D () Delete
Name: COFER, CAROLYN
Address: 8217 SW 193RD STREET
City-St-Zip: CUTLER BAY, FL 33157**Title:** TD () Delete
Name: CHACON, GUSTAVO
Address: 8202 SW 193 ST.
City-St-Zip: CUTLER BAY, FL 33157**Title:** SD () Delete
Name: MANHEIMER, KENNETH
Address: 8266 SW 193 STREET
City-St-Zip: CUTLER BAY, FL 33157**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: ESPINO, MARIO
Address: 8318 SW 193 ST.
City-St-Zip: CUTLER BAY, FL 33157**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: DERUITER, KARI KAY
Address: 8333 SW 193 STREET
City-St-Zip: CUTLER BAY, 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

P/D

10/29/2009

Electronic Signature of Signing Officer or Director

Date