


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770325** (9)

1. Corporation Name

OLD CUTLER LAKES BY THE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% 700 N.W. 107TH AVE.
MIAMI FL 33172**

**% 700 N.W. 107TH AVE.
MIAMI FL 33172**

2. Principal Place of Business

2a. Mailing Address

21 760 NW 107 AVE

26 760 NW 107 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 MIAMI, FL 33172

28 MIAMI, FL 33172

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/21/1983

4. FEI Number

59-2378225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**WATSKY, MORRIS J
700 NW 107 AVE
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name

PAIGE, ROBERT

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

2151 LEJUNE ROAD

83

SUITE 309-A

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert E. Paige **ROBERT E. PAIGE 2-28-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	700 NW 107 AVENUE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GEARY, DENISE	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUTSON, ROBERT	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EISENMAN, TOREY	
1.3 STREET ADDRESS	760 NW 107 AVE, SUITE 201	
1.4 CITY - ST - ZIP	MIAMI, FL 33172	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, ALEX	
2.3 STREET ADDRESS	760 NW 107 AVE, SUITE 201	
2.4 CITY - ST - ZIP	MIAMI, FL	
3.1 TITLE	S/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LYEW SANG, LAUREL	
3.3 STREET ADDRESS	760 NW 107 AVE, SUITE 201	
3.4 CITY - ST - ZIP	MIAMI, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032743

(305) 559-1951

CP2E037 (10/97)