


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90022 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770325					
1. Corporation Name OLD CUTLER LAKES BY THE BAY COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 760 NW 107 AVE STE 201 MIAMI FL 33172 US			Mailing Address 760 NW 107 AVE STE 201 MIAMI FL 33172 US		



2. Principal Place of Business 21 9780 SW 216 Street		2a. Mailing Address 26 9780 SW 216 Street		3. Date Incorporated or Qualified 09/21/1983	
Suite, Apt. #, etc. 22 N/A		Suite, Apt. #, etc. 27 N/A		4. FEI Number 59-2378225	
City & State 23 Miami, Fla		City & State 28 Miami, Fla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33190		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PAIGE, R 2151 LEJUNE RD STE 309A CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name Paige, Robert E. 82 Street Address (P.O. Box Number is Not Acceptable) 11440 North Kendall Drive 83 Penthouse 400 84 City Miami FL 85 Zip Code 33176			
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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 *[Signature]* **4-28-99** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EISENMAN, TOREY			1.2 NAME	Molodowitz, Joseph		
STREET ADDRESS	760 NW 107 AVE, STE 201			1.3 STREET ADDRESS	9780 SW 216 Street		
CITY-ST-ZIP	MIAMI, FL 00000 33172			1.4 CITY-ST-ZIP	MIAMI, FL 33190		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, A			2.2 NAME	Deanna CRUZ		
STREET ADDRESS	760 NW 107 AVE, STE 201			2.3 STREET ADDRESS	9780 SW 216 Street		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33190		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYEW, SANG L			3.2 NAME	Alex Rodriguez		
STREET ADDRESS	760 NW 107 AVE, STE 201			3.3 STREET ADDRESS	9780 SW 216 Street		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33190		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *[Signature]* **4/21/99** **3055591951**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)