

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770325

1. Entity Name

OLD CUTLER LAKES BY THE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9780 SW 216 ST
MIAMI FL 33190
US

9780 SW 216 ST
MIAMI FL 33190
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2378225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Robert E. Paige

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

9500 S. Dadeland Blvd #550

City

Miami

FL

Zip Code
33156

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GOTTLIEB, PAULA
STREET ADDRESS 9780 SW 216 STREET
CITY-ST-ZIP MIAMI FL 33190 ☒ Delete

TITLE PD
NAME Leisi, Julie
STREET ADDRESS 9780 SW 216 Street
CITY-ST-ZIP Miami, FL 33190 ☐ Change ☒ Addition

TITLE VPD
NAME IRIZARRY, RUSSELL
STREET ADDRESS 9780 SW 216 STREET
CITY-ST-ZIP MIAMI FL 33190 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME VILLARD, JESSIE
STREET ADDRESS 9780 SW 216 ST
CITY-ST-ZIP MIAMI FL 33190 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02

3052296400

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90050 037 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)