

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90040 012 \*\*\*\*61.25

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02022005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N30972</b> 1. Entity Name OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13824 SW 67 AVE MIAMI, FL 33158 US			Mailing Address C/ SUSAN MITCHELL 1731 COLONIAL DR GREEN COVE SPRINGS, FL 32043 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0150012	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RINGEL, THOMAS 6732 SW 139TH STREET MIAMI, FL 33158			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARK, MARGITA 6753 S.W. 138TH STREET MIAMI, FL 33158	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILHERMO, CASTRO 6711 S.W. 138TH STREET MIAMI, FL 33158	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISS, RONALD 6723 SW 138 STREET MIAMI, FL 33158	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, SUSAN E 1731 COLONIAL DR GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RINGEL, ROBIN S 6732 SW 139 ST. MIAMI, FL 33158	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, OSCAR 6724 SW 139 ST. MIAMI, FL 33158	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRECKSLER, RHONDA 13851 SW 67 CT MIAMI, FL 33158				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UPSHAW, TONY 13836 SW 67 PL MIAMI, FL 33158				
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.					
<b>SIGNATURE:</b> <u>SUSAN E. MITCHELL, TREAS.</u> <div style="display: flex; justify-content: space-between;"> <span><i>[Signature]</i></span> <span>2-02-05</span> <span>904-529-7215</span> </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					