



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 002 ****61.25

DOCUMENT # N26217 1. Entity Name OLD CUTLER SPRINGS ASSOCIATION, INC.					
Principal Place of Business 2801 PONCE DE LEON BLVD 750 CORAL GABLES, FL 33134			Mailing Address 2801 PONCE DE LEON BLVD 750 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 100 Miracle Mile Suite, Apt. #, etc. 300 City & State Coral Gables, FL Zip 33134 Country USA		3. Mailing Address 100 Miracle Mile Suite, Apt. #, etc. 300 City & State Coral Gables, FL Zip 33134 Country USA		 04142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0106181				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SUSSKIND, HOWARD S 2801 PONCE DE LEON BLVD SUITE 750 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>Howard S. Susskind</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Miracle Mile</u> <u>Suite 300</u> City <u>Coral Gables</u> FL <u>33134</u>		
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 <u>Howard S. Susskind</u> DATE <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSSKIND, HOWARD S 2801 PONCE DE LEON BLVD, #750 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>100 Miracle Mile, #300</u> <u>Coral Gables, FL 33134</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD TARG, ROBERT 5735 SW 130 STREET MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DAVIS, BARRY 5725 SW 130 STREET MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Howard Susskind</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/28/08</u> <small>Date Daytime Phone #</small>		