## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26217

FILED Apr 14, 2009 Secretary of State

Entity Name: OLD CUTLER SPRINGS ASSOCIATION INC

Entity Nai	me: OLD CC	TILER SPRINGS ASSOCIATIOI	N, IINC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 MIRAG	CLE MILE				
	ABLES, FL 3	3134			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
100 MIRAG 300	CLE MILE				
	ABLES, FL 3	3134			
FEI Number:	: 65-0106181	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
100 MIRAG STE 300	D, HOWARD CLE MILE ABLES, FL 3				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( SUSSKIND, H 100 MIRACLE MIAMI, FL 33	MILE 300	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DD ( TARG, ROBE 5735 SW 130 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DD ( DAVIS, BARR 5725 SW 130 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD S. SUSSKIND PD 04/14/2009