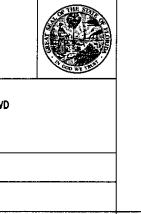
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26217

1. Entity Name

SIGNATURE:

OLD CUTLER SPRINGS ASSOCIATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90446 032 ****61.25

305/509-080

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				18 61550 11865 11861 1865 B18	FI BERNI RIBU BIRU BIR	DJI BJANI 2001	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65		pplied For ot Applicable		
Zip	Zip Country Zip		Country				\$8.75 Ad	8.75 Additional	
· Marity S ee "	6. Name and Address of Current	Registered Agent		1	7. Name and Addr	ress of New Registe	red Agent		
SUSSKIND, HOWARD S 2801 PONCE DE LEON BLVD SUITE 750				Street Address (P.O. Box Number is Not Acceptable)					
CORAL G	GABLES FL 33134		City				FL Zip Coo	de	
	e named entity submits this statement fo tions of registered agent. Signature, typed or printed name of registered agent a			I ed office or registe			am familiar with,	and accept	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete SUSSKIND, HOWARD S 2801 PONCE DE LEON BLVD, #750 CORAL GABLES FL 33134 DD Delete TARG, ROBERT 5735 SW 130 STREET MIAMI FL 33156						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						يهي دد . المحدد عند ال	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DAVIS, BARRY 5725 SW 130 STREET MIAMI FL 33156	☐ Delete		i i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ſ			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	CITY	E ET ADDRESS -ZIP			☐ Change	Addition	
12. I hereby of indicated of the cor changed,	pertity that the information supplied with on this report or supplementar report is potation or the receiver or tustee empo or on an attachment with the partitiess, w	this filing does not qually for frue and accurate and that m wered to execute this poor a rith all other line employeed.	the exe ny signal as requir	mption stated in Source shall have the red by Chapter 61	ection 119.07(3)(i), Flor same legal effect as if 7, Florida Statutes; and	rida Statutes. I furthe made under oath; th I that my name appe	r certify that the i at I am an officer ars in Block 10 oi	nformation or director r Block 11 if	