

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770325

FILED
Jan 22, 2013
Secretary of State
CC2420678553**Entity Name:** OLD CUTLER LAKES BY THE BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**18951 SW 106 AVE
201
CUTLER BAY, FL 33157**Current Mailing Address:**18951 SW 106 AVE
201
CUTLER BAY, FL 33157 US**FEI Number: 59-2378225****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PAIGE, ROBERT E
9500 S. DADELAND BLVD STE 550
MIAMI, FL 33190 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP
Name TILLOTSON, GAYLE
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title TSD
Name SBAR, ILYNE
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title D
Name NUSSBAUM, SUSAN
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title DIRECTOR
Name EDWARDS, RONALD
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title PD
Name SHAND, JACKIE
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title D
Name TAYLOR, PAULETTE
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title D
Name BREWER, RICHARD
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157Title DIRECTOR
Name TAYLOR, CHRISTINE
Address 18951 SW 106 AVE
201
City-State-Zip: CUTLER BAY FL 33157

I hereby 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 all other like empowered.

SIGNATURE: JACKIE SHAND**PD****01/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date