

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770325

Entity Name: OLD CUTLER LAKES BY THE BAY COMMUNITY ASSOCIATION, INC.**FILED**
Jan 09, 2024
Secretary of State
3127253124CC**Current Principal Place of Business:**18951 SW 106 AV., 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:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	DIRECTOR
Name	ABARCA, MICHAEL
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	PRESIDENT
Name	SBAR, ILYNE
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	VP
Name	TAYLOR, PAULETTE
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	D
Name	NUSSBAUM, SUSAN
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	TREASURER
Name	BREWER, RICHARD
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	DIRECTOR
Name	TAYLOR, CHRISTINE
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	DIRECTOR
Name	LANFAIR, ERIC
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

Title	SECRETARY
Name	SOTOLONGO, KATHY
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157

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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: MICHAEL ABARCA**DIRECTOR****01/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PIRES, MARLLON
Address	18951 SW 106 AVE 201
City-State-Zip:	CUTLER BAY FL 33157