I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute a above, or on an attachment with all other like empowered.		
SIGNATURE: LOLA SOLIS	SECRETARY	01/09/2015

SECRETARY

SIGNATURE: LOLA SOLIS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

Officer/Director Detail :

Title	PD	Title	VD
Name	SCHRAGER, TONI	Name	MURAI, ANDRES
Address	700 SOLANO PRADO	Address	200 SOLANO PRADO
City-State-Zip:	CORAL GABLES FL 33156	City-State-Zip:	CORAL GABLES FL 33156
Title	TD		
Name	SOLIS, LOLA		
Address	9365 GALLARDO ST		
City-State-Zip:	CORAL GABLES FL 33156		

Name and Address of Current Registered Agent:

SOLIS, LOLA 9365 GALLARDO ST CORAL GABLES, FL 33156 US

9365 GALLARDO STREET

CORAL GABLES, FL 33156

Current Mailing Address:

9365 GALLARDO STREET CORAL GABLES. FL 33156

FEI Number: 59-2741020

DOCUMENT# N15321

Entity Name: OLD CUTLER BAY HOMEOWNERS CORPORATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

FILED Jan 09, 2015 Secretary of State CC4597184131

Date

Certificate of Status Desired: No

Date