

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15321

**Entity Name:** OLD CUTLER BAY HOMEOWNERS CORPORATION, INC.

**Current Principal Place of Business:**

9365 GALLARDO STREET  
CORAL GABLES, FL 33156

**Current Mailing Address:**

9365 GALLARDO STREET  
CORAL GABLES, FL 33156

**FEI Number:** 59-2741020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOLIS, LOLA  
9365 GALLARDO ST  
CORAL GABLES, FL 33156 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 PD  
Name SCHRAGER, TONI  
Address 700 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title VD  
Name FINE, ROBERT  
Address 360 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title SECRETARY  
Name SOLIS, LOLA  
Address 9365 GALLARDO STREET  
City-State-Zip: CORAL GABLES FL 33156

Title TREASURER  
Name LAMAR, MARIO  
Address 95 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

*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:** LOLA SOLIS

**SECRETARY**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date