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.

DIRECTOR

SIGNATURE: HOWARD S. SUSSKIND

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

100 MIRACLE MILE 300 CORAL GABLES, FL 33134

Current Mailing Address:

100 MIRACLE MILE 300 CORAL GABLES, FL 33134

FEI Number: 65-0106181

Name and Address of Current Registered Agent:

SUSSKIND, HOWARD S 100 MIRACLE MILE STE 300 CORAL GABLES, FL 33134 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

Officer/Director Detail :			
Title	PD	Title	DD
Name	SUSSKIND, HOWARD S	Name	TARG, ROBERT
Address	100 MIRACLE MILE 300	Address	5735 SW 130 STREET
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33156
Title	DD		
Name	DAVIS, BARRY		
Address	5725 SW 130 STREET		
City-State-Zip:	MIAMI 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

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N26217

Entity Name: OLD CUTLER SPRINGS ASSOCIATION, INC.

Jan 25, 2017 Secretary of State CC6352211101

FILED

Certificate of Status Desired: No

Date

01/25/2017 Date