


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90105 017 ****61.25

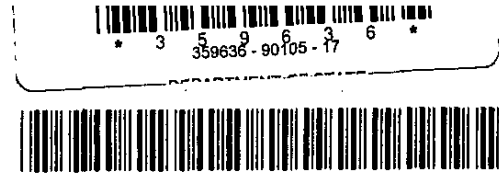
0035328

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 764863

1. Corporation Name
OLD CUTLER COVE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business MR CURTIS TRIVETT 9070 SW 203 TERRACE MIAMI FL 33189 US	Mailing Address MR CURTIS TRIVETT 9070 SW 203 TERRACE MIAMI FL 33189 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 9001 SW 203 Terrace City & State 23 Miami, FL Zip Country 24 33189 25 USA	2a. Mailing Address 26 Liduvina Gonzalez Suite, Apt. #, etc. 27 9046 SW 203 Terrace City & State 28 Miami, FL 33189 Zip Country 29 33189 30 USA	3. Date Incorporated or Qualified 09/23/1982	4. FEI Number 65-0081163 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

TRIVETT, CURTIS M
9070 SW 203 TERRACE
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name Liduvina Gonzalez	82 Street Address (P.O. Box Number is Not Acceptable) 9046 203 Terrace
83	
84 City Miami,	85 Zip Code FL 33189

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **President** DATE **4/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME TRIVETT, CURTIS	
STREET ADDRESS 9070 SW 203 TERRACE	
CITY-ST-ZIP MIAMI FL	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME AYBAR, ANGELA	
STREET ADDRESS 9080 SW 203 TERRACE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FELTZIN, MORRIS	
STREET ADDRESS 9120 SW 203 TERR	
CITY-ST-ZIP MIAMI FL	
TITLE DST	<input type="checkbox"/> DELETE
NAME PINA, KYREE	
STREET ADDRESS 9110 SW 203 TERRACE	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Trivett, Curtis	
1.3 STREET ADDRESS 9070 SW 203 Terrace	
1.4 CITY-ST-ZIP Miami, FL 33189	
2.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Gonzalez, Liduvina	
2.3 STREET ADDRESS 9046 SW 203 Terrace	
2.4 CITY-ST-ZIP Miami, FL 33189	
3.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Kwiatkowski, Lisa	
3.3 STREET ADDRESS 9126 SW 203 Terrace	
3.4 CITY-ST-ZIP Miami, FL 33189	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **President** DATE **4/13/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1.1/98)