DOCUMENT # 764863 1. Entity Name OLD CUTLER COVE TOWNHOUSE ASSOCIATION, INC.					FILED Aug 24, 2000 8:00 am Secretary of State			
Principal Plac	ce of Business	Mailing Address			ļ.		0002 014 ****6	
MR CURTIS TRIVETT 9001 SW 203 TERRACE MIAMI FL 33189 US		LIDUVINA GONZALEZ 9046 SW 203 TERRACE MIAMI FL 33189 US			 	II II 1811	1/11 4 1141/ 3 /791 4 147/ 614 1/	B1831 61011 J887
·	Place of Business	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0081163 Applied For Not Applicable			
Zip .	Country 6. Name and Address of Current	Zip	Country			of Status Desired Address of New Reg	S8.75 A	
9070 SW MIAMI FL	2-0-	Name Trivett Curtis Street Address (P.O. Box Number is Not Acceptable) Texasce City William, FL Zir 303 (89)						
8. The above named entity submits this statement for the phose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, tiped or brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ded to Fees		Check Payable tartment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D TRIVETT, CURTIS 9070 SW 203 TERRACE MIAMI FL 33189	ECTORS Delete	11. / TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP		U 203 Teri	AND DIRECTORS DECLARATE	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PINA, KYREE 9110 SW 203 TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY::ST-ZIP	0 90	ngalea 56 sw	, Arcadi aus Ten	Change	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, LIDUVINA 9046 SW 203 TERRACE MIAMI FL 33189	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		(☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV . KWIATKOWSKI, LISA 9126 SW 203 TERRACE MIAMI FL 33189	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition .
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if chapter 617, Florida Statutes.								
SIGNATURE: SICKLE SICKL								