


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

7/2

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90025 022 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # 764863</b><br>1. Entity Name<br>OLD CUTLER COVE TOWNHOUSE ASSOCIATION, INC. |  |
|---|---|

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| Principal Place of Business<br>9010 SW 203 TERRACE<br>MIAMI, FL 33189 US | Mailing Address<br>9010 SW 203 TERRACE<br>MIAMI, FL 33189 US |
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07152005 No Chg-NP CR2E037 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0081163 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>TRIVETT, CURTIS<br>9070 SW 203 TERRACE<br>MIAMI, FL 33189 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

|   |  |
|---|--|
| Filing Fee is \$81.25<br>Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>TRIVETT, CURTIS<br>9070 SW 203 TERRACE<br>MIAMI, FL 33189     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLORES, VERONICA<br>8100 SW 203 TERRACE<br>MIAMI, FL 33189     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>GINIGER, CHRISTINE<br>9076 SW 203 TERRACE<br>MIAMI, FL 33189 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TURNER, SUSAN<br>9030 SW 203 TERRACE<br>MIAMI, FL 33189       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. 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 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 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Christine Giniger August 19, 2005 305-218-3133  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #