

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90073 038 \*\*\*\*61.25

**DOCUMENT # 764863**

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



Principal Place of Business  
9010 SW 203 TERRACE  
MIAMI, FL 33189 US

Mailing Address  
9010 SW 203 TERRACE  
MIAMI, FL 33189 US

40013301



01192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0081163

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRIVETT, CURTIS  
9070 SW 203 TERRACE  
MIAMI, FL 33189

**7. Name and Address of New Registered Agent**

Name Juan Ramirez  
Street Address (P.O. Box Number is Not Acceptable)  
9035 SW 203 Terrace  
City Miami FL Zip Code 33189

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 Juan Ramirez DATE 2/6/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRIVETT, CURTIS 9070 SW 203 TERRACE MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, VERONICA 9100 SW 203 TERRACE MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD GINGER, CHRISTINE 9076 SW 203 TERRACE MIAMI, FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TURNER, SUSAN 9030 SW 203 TERRACE MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Juan Ramirez 9035 SW 203 Terr. MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Patricia Joan Saunders 9045 SW 203 Terrace Miami, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Tracy Dolan 9135 SW 203 Terrace Miami, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: Juan Ramirez DATE 2/6/07 (786) 573-4546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR