

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90362 017 ****61.25

DOCUMENT # 770325

1. Entity Name
**OLD CUTLER LAKES BY THE BAY COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business
**9780 SW 216 ST
MIAMI, FL 33190 US**

Mailing Address
**C/O THE CONTINENTAL GROUP INC.
11981 SW 144 CT STE 201
MIAMI, FL 33186 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01022007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2378225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAIGE, ROBERT E
9500 S. DADELAND BLVD STE 550
MIAMI, FL 33190**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SHAND, JACKIE
STREET ADDRESS 9780 SW 216 STREET
CITY-ST-ZIP MIAMI, FL 33190

TITLE VD / SD ☒ Change ☐ Addition
NAME Bodenmiller, Mike
STREET ADDRESS 9780 SW 216 St
CITY-ST-ZIP Miami, FL 33190

TITLE SD ☐ Delete
NAME BODENMILLER, MIKE
STREET ADDRESS 9780 SW 216 STREET
CITY-ST-ZIP MIAMI, FL 33190

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SBAR, ILYNE
STREET ADDRESS 9780 SW 216 ST
CITY-ST-ZIP MIAMI, FL 33190

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME VONSEGGERN, BETTY
STREET ADDRESS 9780 SW 216 ST
CITY-ST-ZIP MIAMI, FL 33190

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/07

(305) 232-0354