2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000007831

Entity Name: CONCERNED CITIZENS OF OLD CUTLER, INC.

Current Principal Place of Business:

19 WEST FLAGLER STREET
305
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

19 WEST FLAGLER STREET
305
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 34-2052732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, STANLEY P
19 WEST FLAGLER STREET
305
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	LINDSAY, JOAN	
Address:	8120 SW 182 STREET	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157 US	
Title:	VP/D	( ) Delete
Name:	PEGRAM, BETTY	
Address:	18121 SW 82ND AVE	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157 US	
Title:	VP/D	( ) Delete
Name:	HOUGH, LLOYD	
Address:	7841 SW 182 TERRACE	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157 US	
Title:	T/D	( ) Delete
Name:	KAPLAN, STANLEY P	
Address:	19 WEST FLAGLER STREET	
City-St-Zip:	MIAMI, FL 33130 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY P KAPLAN T/D 03/23/2009

Electronic Signature of Signing Officer or Director — Date