

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N05032

Entity Name: OLD CUTLER SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

LIEDE DEVALDIVIELSO
16421 SW 77 AVE
MIAMI, FL 33157

New Principal Place of Business:

BETH KIBLER
7462 SW 166 TR
MIAMI, FL 33157

Current Mailing Address:

LIEDE DEVALDIVIELSO
16421 SW 77 AVE
MIAMI, FL 33157

New Mailing Address:

BETH KIBLER
7462 SW 166 TR
MIAMI, FL 33157

FEI Number: 59-2424961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVALDIVIELSO, LIEDE
16421 SW 77 AVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

KIBLER, BETH
7462 SW 166 TR
MIAMI, FL 33157 US

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: BETHENE R KIBLER

01/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVALDIVIELSO, LIEDE
Address: 16421 SW 77 AVE
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: VALDES, MARIA
Address: 16155 SW 73 PLACE
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: ELENA, MORRISON
Address: 7600 SW 164TH STREET
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: KIBLER, BETH
Address: 7462 SW 166TH TERRACE
City-St-Zip: MIAMI, FL 33157

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 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: BETHENE R KIBLER

TD

01/06/2006

Electronic Signature of Signing Officer or Director

Date