2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05032

FILED Mar 24, 2009 Secretary of State

Entity Name: OLD CUTLER SOUTH ASSOCIATION INC

Littly Nai	ille. OLD COT	LER 300 ITT ASSOCIATION,	IIVC.		
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
BETH KIBI 7462 SW 1 MIAMI, FL	166 TR				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
BETH KIBI 7462 SW 1 MIAMI, FL	166 TR				
FEI Number:	: 59-2424961	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KIBLER, B 7462 SW 1 MIAMI, FL	166 TR				
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KIBLER-GAY, B 7462 SW 166TH MIAMI, FL 331	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SCHAFFER, EL 7600 SW 164TH MIAMI, FL 331	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () VATINELLE, VE 7400 SW 162N MIAMI, FL 331	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () COMELLAS, W 7480 SW 162NI MIAMI, FL 3318	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WENDY B COMELLAS TD 03/24/2009