

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N26217

1. Entity Name
OLD CUTLER SPRINGS ASSOCIATION, INC.



Principal Place of Business
2801 PONCE DE LEON BLVD
750
CORAL GABLES, FL 33134

Mailing Address
2801 PONCE DE LEON BLVD
750
CORAL GABLES, FL 33134



05022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0106181

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUSSKIND, HOWARD S
2801 PONCE DE LEON BLVD
SUITE 750
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUSSKIND, HOWARD S
STREET ADDRESS 2801 PONCE DE LEON BLVD, #750
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DD
NAME TARG, ROBERT
STREET ADDRESS 5735 SW 130 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE DD
NAME DAVIS, BARRY
STREET ADDRESS 5725 SW 130 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/05/05-80127-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

HOWARD S. SUSSKIND

Date

Daytime Phone #

4/30/05 305/559-3801