

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90059 037 ****61.25

DOCUMENT # N26663

1. Entity Name

OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ADVANTAGE MANAGEMENT
31 GABLES BLVD.
WESTON FL 33326
US

C/O ADVANTAGE MANAGEMENT
31 GABLES BLVD.
WESTON FL 33326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0099436

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

PADRON, JOSEPH CPA
ATTN: JULIO
13358 SW 128 STREET
MIAMI FL 33186

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.

SIGNATURE

Joseph Padron, CPA

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

(NOTE: Registered Agent Signature required when reinstating)

03/05/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, KAREN	
STREET ADDRESS	7664 SW 147 STREET	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LARRICQ, PETE	
STREET ADDRESS	4701 SW 76 AVENUE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ASTUDILLO, ALEX	
STREET ADDRESS	7620 SW 148 TERRACE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATULE, VIVIAN	
STREET ADDRESS	14911 SW 75 CT.	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larricq, Pete	
STREET ADDRESS	14701 SW 76 Ave	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Astudillo, Alex	
STREET ADDRESS	7620 SW 148 Terrace	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sancho, Frank	
STREET ADDRESS	7601 SW 150 Terr	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Pete Larricq
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

DATE

(305) 254 1682

Daytime Phone #

CR2E037 (10/00)