06-06-2005 90007 008 ****61.25
N26663

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 AUG -1 AM 10:01
TALLAHASSEE, FLORIDA

DOCUMENT # N26663

1. Entity Name
OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11981 SW 144 CT #201 MIAMI, FL 33186 US	11981 SW 144 CT #201 MIAMI, FL 33186 US

04252005 Chg-NP CR2E037 (10/03)

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 ~~Becker & Poliakoff PA~~ ~~121 Alhambra Plaza~~ ~~10th Floor~~ ~~Coral Gables, Fla 33134~~	Name ← DAVID ROGEL Street Address (P.O. Box Number is Not Acceptable) ~~Becker & Poliakoff~~ ~~5301 Blue Lagoon Drive Suite 100~~ City Miami Zip Code FL 33126

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 _____ 7/26/05
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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANZ, KRISTIN 7590 SW 150 ST MIAMI, FL 33158	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Korelitz 7590 SW 151 Terr Miami FL 33158 Pres.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alaing Bussiere VPres 7601 SW 151 Terr Miami FL 33158	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jay Engleman 7600 SW 144 CT Miami FL 33158 Director	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Karen Chomack 14910 SW 75 CT. Miami FL 33158 Secretary	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 5/11/05 703-939-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W. Williams AUG - 1 2005