

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

01-12-2006 90186 044 ****61.25

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DOCUMENT # N26663 1. Entity Name OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144 CT #201 MIAMI, FL 33186 US			Mailing Address 11981 SW 144 CT #201 MIAMI, FL 33186 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGEL, DAVID BECKER & POUAKOFF, PA 121 ALHAMBRA PLAZA, 10TH CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORELITZ, MICHAEL		NAME	BUSSIERE, ALAIN	
STREET ADDRESS	7590 SW 151 TERR		STREET ADDRESS	7601 SW 151 TERR	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSIERER, ALAIN		NAME	LARRIER, JORGE	
STREET ADDRESS	7601 SW 151 TERR		STREET ADDRESS	14461 SW 76 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLEMAN, JAY		NAME	RUBIN, JEFF	
STREET ADDRESS	7600 SW 144 CT		STREET ADDRESS	7604 SW 145 TERR	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	CHOMACK, KAREN		NAME		
STREET ADDRESS	14910 SW 75 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		
Main BUSSIERE			Date		
04 Apr 2006			Daytime Phone #		
305 254 1548					