
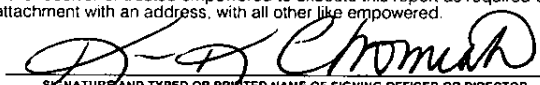


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 18 AM 11:59

<b>DOCUMENT # N26663</b> 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 - No P.O. Box #		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 & POLIAKOFF 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>					
Amended AR is \$61.25		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSSIERE, ALAIN		NAME		
STREET ADDRESS	7601 SW 151 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHMAN, JAMES M		NAME		
STREET ADDRESS	14871 SW 75 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHOMACK, KAREN		NAME		
STREET ADDRESS	14910 SW 75 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARRIEU, JORGE		NAME		
STREET ADDRESS	14461 SW 76 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELOWITZ, PAUL A		NAME	President Paul Shelowitz	
STREET ADDRESS	14891 SW 75 CT		STREET ADDRESS	14891 SW 75 CT	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Mark Levitats	
STREET ADDRESS			STREET ADDRESS	15020 SW 76 CT	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33158	
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: 			6-5-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		