

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26663

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

11981 SW 144 CT  
#201  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

11981 SW 144 CT  
#201  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 65-0099436      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGEL, DAVID  
BECKER & POLIAKOFF  
121 ALHAMBRA PLAZA, 10TH  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHELOWITZ, PAUL  
Address: 14891 SW 75 CT  
City-St-Zip: MIAMI, FL 33158

Title: T ( ) Delete  
Name: FISHMAN, JAMES M  
Address: 14871 SW 75 CT  
City-St-Zip: MIAMI, FL 33158

Title: S ( ) Delete  
Name: CHOMACK, KAREN  
Address: 14910 SW 75 CT  
City-St-Zip: MIAMI, FL 33158

Title: VP ( ) Delete  
Name: LARRIEU, JORGE  
Address: 14461 SW 76 AVE  
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Delete  
Name: LEVITAS, MARK  
Address: 15020 SW 76 CT  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SHELOWITZ

P

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date