NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90962 024 ****61.25

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DOCUMENT # N26663

1. Entity Name
Old Cutler Cove, Phase Homeowners Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Advantage Management
Suite, Apt. #, etc.

City & State
Weston, FL

Zip 33326 Country

3. Mailing Address
31 Gables Blvd.
Suite, Apt. #, etc.

City & State

Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0099436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joseph L. Padron, CPA

Street Address (P.O. Box Number is Not Acceptable)
13358 SW 128th Street

City Miami FL Zip Code 33186

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 [signature] 2/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frank Sancho 7601 SW 150th Terrace Miami, FL 33158
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Oscar Calleja 7600 SW 149 St. Miami, FL 33158
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Kristin Franz 7590 SW 150th St. Miami, FL 33158
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kristin C. Franz 2/20/03 305-233-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #