

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90045 030 \*\*\*\*61.25

**DOCUMENT # N30972**

1. Entity Name

**OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION,**

Principal Place of Business

**13824 SW 67 AVE  
 MIAMI FL 33158  
 US**

Mailing Address

**C/ SUSAN MITCHELL  
 1731 COLONIAL DR  
 GREEN COVE SPRINGS FL 32043  
 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

**65-0150012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RINGEL, THOMAS  
 6732 SW 139TH STREET  
 MIAMI FL 33158**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STARK, MARGITA</b> <b>6753 S.W. 138TH STREET</b> <b>MIAMI FL 33158</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUILVERMO, CASTRO</b> <b>6711 S.W. 138TH STREET</b> <b>MIAMI FL 33158</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRISS, RONALD</b> <b>6723 SW 138 STREET</b> <b>MIAMI FL 33158</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MITCHELL, SUSAN E</b> <b>1731 COLONIAL DR</b> <b>GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVIS, ELIZABETH</b> <b>6731 SW 138 ST</b> <b>MIAMI FL 33158</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RINGEL, THOMAS</b> <b>6732 SW 139 ST</b> <b>MIAMI FL 33158</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**Secretary**  
**Helen Chayegan**  
**13851 S. W. 67 Court**  
**Miami, FL 33158**  
**President**  
**Charles Davis**  
**6731 S. W. 138 St**  
**Miami, FL 33158**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SUSAN E. MITCHELL 4-30-01 904-529-7215**

Date

Daytime Phone #

CR2E037 (10/00)