

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91130 012 ****61.25

DOCUMENT # N30972

1. Entity Name

OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13824 SW 67 AVE
 MIAMI FL 33158
 US

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RINGEL, THOMAS
6732 SW 139TH STREET
MIAMI FL 33158

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 **D** ☐ Delete
 NAME **STARK, MARGITA**
 STREET ADDRESS **6753 S.W. 138TH STREET**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GUILVERMO, CASTRO**
 STREET ADDRESS **6711 S.W. 138TH STREET**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KRISS, RONALD**
 STREET ADDRESS **6723 SW 138 STREET**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **MITCHELL, SUSAN E**
 STREET ADDRESS **1731 COLONIAL DR**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **CHAYEGAN, HELEN**
 STREET ADDRESS **13851 S.W. 67 COURT**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☒ Addition
 NAME **Secretary
 Elizabeth Davis**
 STREET ADDRESS **6731 S. W. 138 Street**
 CITY-ST-ZIP **Miami, FL 33158**

TITLE **P** ☐ Delete
 NAME **DAVIS, CHARLES**
 STREET ADDRESS **6731 S.W. 138 ST**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SUSAN E MITCHELL *[Signature]* **Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

904-529-7215

Date

Daytime Phone #

CR2E037 (9/01)