

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90061 045 \*\*\*\*61.25

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| <b>DOCUMENT # N30972</b>   |                              |  |   |         |  |
| 1. Entity Name<br>OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.   |                              |  |   |  |  |
| Principal Place of Business<br>13824 SW 67 AVE<br>MIAMI, FL 33158 US   |                              |  | Mailing Address<br>C/ SUSAN MITCHELL<br>1731 COLONIAL DR<br>GREEN COVE SPRINGS, FL 32043 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                              | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                              | City & State   |   | 04202007 Chg-NP CR2E037 (12/06)  |  |
| Zip  |                              | Country  |   | 4. FEI Number<br>65-0150012  |  |
|  |                              |  |   | Applied For<br>Not Applicable  |  |
|  |                              |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                              |  | 7. Name and Address of New Registered Agent   |  |  |
| RINGEL, THOMAS<br>6732 SW 139TH STREET<br>MIAMI, FL 33158  |                              |  | 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. I am familiar with, and accept the obligations of registered agent.  |                              |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                              |  |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2007   |                              | 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   | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | STARK, MARGITA               |  | NAME  | ALAN DRECKSLER   |  |
| STREET ADDRESS   | 6753 S.W. 138TH STREET       |  | STREET ADDRESS  | 13851 SW 67 CT.  |  |
| CITY-ST-ZIP  | MIAMI, FL 33158              |  | CITY-ST-ZIP   | MIAMI, FL 33158  |  |
| TITLE  | D                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | TONY, UPSHAW                 |  | NAME  |  |  |
| STREET ADDRESS   | 13836 SW 67 PL               |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33158              |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                            | <input checked="" type="checkbox"/> Delete   | TITLE   | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | KRISS, RONALD                |  | NAME  | ROBIN RINGEL   |  |
| STREET ADDRESS   | 6723 SW 138 STREET           |  | STREET ADDRESS  | 6732 SW 139 ST.  |  |
| CITY-ST-ZIP  | MIAMI, FL 33158              |  | CITY-ST-ZIP   | MIAMI, FL 33158  |  |
| TITLE  | T                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MITCHELL, SUSAN E            |  | NAME  |  |  |
| STREET ADDRESS   | 1731 COLONIAL DR             |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | GREEN COVE SPRINGS, FL 32043 |  | CITY-ST-ZIP   |  |  |
| TITLE  | S                            | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | DRECKSLER, RHONDA            |  | NAME  |  |  |
| STREET ADDRESS   | 13851 SOUTHWEST 67 COURT     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33158              |  | CITY-ST-ZIP   |  |  |
| TITLE  | P                            | <input checked="" type="checkbox"/> Delete   | TITLE   | P  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | REZAIE, SHAHIN               |  | NAME  | AUINASH BALKINSSOON  |  |
| STREET ADDRESS   | 13815 SW 67 PL               |  | STREET ADDRESS  | 6724 SW 139 ST.  |  |
| CITY-ST-ZIP  | MIAMI, FL 33158              |  | 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: <u>Susan E. Mitchell</u>  |                              | Date: <u>4/20/07</u>   |   | Daytime Phone #: <u>904-529-7215</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                              |  |   |  |  |
| TREASURER  |                              |  |   |  |  |