2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N30972

Entity Name: OLD CUTLER GROVES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13824 SW 67 AVE
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0150012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINGEL, THOMAS
6732 SW 139TH STREET
MIAMI, FL 33158 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:	D	( ) Delete
Name:	CONNELL, ANDREW	
Address:	6754 SOUTHWEST 139 ST	
City-St-Zip:	MIAMI, FL 33158	
Title:	D	( ) Delete
Name:	TONY, UPSHAW	
Address:	13836 SW 67 PL	
City-St-Zip:	MIAMI, FL 33158 US	
Title:	D	( ) Delete
Name:	MANDELL, ALAN	
Address:	6745 SOUTHWEST 139 ST	
City-St-Zip:	MIAMI, FL 33158	
Title:	T	( ) Delete
Name:	MITCHELL, SUSAN E	
Address:	1731 COLONIAL DR	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
Title:	S	( ) Delete
Name:	RINGEL, THOMAS	
Address:	13851 SOUTHWEST 67 CT	
City-St-Zip:	MIAMI, FL 33158	
Title:	P	( ) Delete
Name:	APONTE, CARLOS	
Address:	6731 SOUTHWEST 138 ST	
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:		
Title:	P	(X) Change ( ) Addition
Name:	GARCIA, RICHARD	
Address:	6711 SOUTHWEST 138 ST	
City-St-Zip:	MIAMI, FL 33158	

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: SUSAN E. MITCHELL T 03/20/2009

Electronic Signature of Signing Officer or Director — Date