

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30972

FILED
Apr 20, 2003
Secretary of State

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: STARK, MARGITA
Address: 6753 S.W. 138TH STREET
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: GUILERMO, CASTRO
Address: 6711 S.W. 138TH STREET
City-St-Zip: MIAMI, FL 33158 US

Title: D () Delete
Name: KRISS, RONALD
Address: 6723 SW 138 STREET
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: DAVIS, ELIZABETH
Address: 6731 SW 138 ST.
City-St-Zip: MIAMI, FL 33158

Title: P () Delete
Name: DAVIS, CHARLES
Address: 6731 S.W. 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: S (X) Change () Addition
Name: ADAM, DIANE
Address: 13811 S.W. 67 CT
City-St-Zip: MIAMI, FL 33158

Title: P (X) Change () Addition
Name: FERNANDEZ, OSCAR
Address: 13851 S.W. 67 CT
City-St-Zip: MIAMI, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/20/2003

Electronic Signature of Signing Officer or Director

_____ Date