## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34877

FILED Mar 11, 2009 Secretary of State

Entity Name: OLD CUTLER GROVES SOUTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:						
PO BOX 5 MIAMI, FL		JS				14021 SW MIAMI, FL		URT US			
Current Mailing Address:					New Mail	New Mailing Address:					
OLD CUTI P.O. BOX MIAMI, FL		JS SOU	Ή			P.O BOX ( MIAMI, FL		US			
FEI Number:	: 65-0210686	F	l Number	Applied For (	) FEIN	lumber Not App	licable ( )	Certifi	cate of St	atus Desired	( )
Name and	Address	of Curr	nt Regi	stered Agen	nt:	Name and	l Address	of New Re	gistere	d Agent:	
	OURDES / 67 COUR 33158 l	T JS									
	named ent e of Florida.	ity subr	nits this s	tatement for	the purpose	e of changing	its registe	red office o	<sup>-</sup> register	red agent, o	r both
	e of Florida. 	ity subr	nits this s	tatement for	the purpose	e of changing	its registe	red office o	<sup>-</sup> register	red agent, o	r both
n the State	e of Florida. RE:			tatement for		e of changing	its registe	red office o	r register Date	red agent, o	r both
in the State	e of Florida. RE:	ronic S	gnature						Date	ed agent, o	
in the State	e of Florida. RE: Elec	TONIC S ECTOF  ( ) Dele SON 40TH ST	gnature <b>S:</b>						Date FFICERS	S AND DIRI	
in the State SIGNATUF OFFICER: Title: Name: Address:	e of Florida. RE: Elec  S AND DIR P JAMES, JA 6721 SW 1	CONIC S ECTOR  ( ) Dele SON 40TH ST 33158  ( ) Dele MYRON 41 ST	gnature <b>S:</b>			ADDITION Title: Name: Address:	V DWIGHT, 14043 SV	GES TO OI  ( ) Change  (X) Change  LAUDERDAL	Date  FICERS  ( ) Addit	S AND DIRI	
in the State SIGNATUR  OFFICERS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	e of Florida.  RE: Elect  S AND DIR  P JAMES, JA 6721 SW 1 MIAMI, FL  V SHAPIRO, 1 6730 SW 1	ronic S ECTOF  ( ) Dele SON 40TH ST 33158  ( ) Dele VYRON 41 ST 33158  ( ) Dele CH, TOD	gnature S: :e			ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	V DWIGHT, 14043 SV	GES TO OI  ( ) Change  (X) Change  LAUDERDAL	Date  FICERS  ( ) Additi  ( ) Additi  ( ) Additi  ( ) E	S AND DIRI	

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: LOURDES GARCIA T 03/11/2009