


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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N40881 1. Entity Name OLD CUTLER PALMS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7460 SW 170TH TERR MIAMI, FL 33157 US	Mailing Address 7460 SW 170TH TERR MIAMI, FL 33157 US
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0275737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ISAACS, ALBERT 7460 SW 170TH TERR MIAMI, FL 33157
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ISAACS, ALBERT 7460 SW 170TH TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROOKS, JANE 7460 SW 170TH TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM, BLOODWORTH 7460 SW 170TH TERR MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000724526
05/02/07-80115-009 61.25

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:  **4.17.07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #