

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90031 039 \*\*\*\*61.25

<b>DOCUMENT # N43861</b> 1. Entity Name <b>OLD CUTLER SQUARE PROPERTY OWNERS' ASSOCIATION, INC.</b>																																																																																																																	
Principal Place of Business <b>MIAMI MANAGEMENT</b> <b>14275 SW 142 AVE</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>MIAMI MANAGEMENT</b> <b>14275 SW 142 AVE</b> <b>MIAMI, FL 33186 US</b>																																																																																																														
2. Principal Place of Business		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
4. FEI Number <b>65-0320373</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																																														
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																																																																																																														
6. Name and Address of Current Registered Agent  <b>HYMAN KAPLAN GANGUZZA SPECTOR MARS PA</b> <b>150 W FLAGLER STREET</b> <b>27TH FLOOR</b> <b>MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																													
Make check payable to <b>Florida Department of State</b>																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KENNEDY, NANCY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21250 SW 97 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORELLI, VINCENT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9701 SW 213 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, CHRISTINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9709 SW 213 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Nelson Pool</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIRECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>JANE GUAMNO</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIRECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DIRECTOR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nelson Pool</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9704 SW 213 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JANE GUAMNO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21220 SW 97 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DS	<input type="checkbox"/> Delete	NAME	KENNEDY, NANCY		STREET ADDRESS	21250 SW 97 COURT		CITY-ST-ZIP	MIAMI, FL 33189		TITLE	DP	<input type="checkbox"/> Delete	NAME	MORELLI, VINCENT		STREET ADDRESS	9701 SW 213 TERRACE		CITY-ST-ZIP	MIAMI, FL 33189		TITLE	DT	<input checked="" type="checkbox"/> Delete	NAME	SMITH, CHRISTINE		STREET ADDRESS	9709 SW 213 TERRACE		CITY-ST-ZIP	MIAMI, FL 33189		TITLE	Nelson Pool	<input type="checkbox"/> Delete	NAME	DIRECTOR		STREET ADDRESS			CITY-ST-ZIP			TITLE	JANE GUAMNO	<input type="checkbox"/> Delete	NAME	DIRECTOR		STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Nelson Pool		STREET ADDRESS	9704 SW 213 TERRACE		CITY-ST-ZIP	MIAMI FL 33189		TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JANE GUAMNO		STREET ADDRESS	21220 SW 97 AVE		CITY-ST-ZIP	MIAMI FL 33189		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																	
<b>SIGNATURE:</b> <u>Megardner</u> <span style="float: right;">5/10/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	