

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26663

**Entity Name:** OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9000 SW 152ND STREET  
102  
MIAMI, FL 33157

**Current Mailing Address:**

9000 SW 152ND STREET  
102  
MIAMI, FL 33157 US

**FEI Number:** 65-0099436

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REHR , MICHAEL  
9500 S. DADELAND BLVD  
SUITE 550  
MIAMI, FL 33156 US

*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:** MICHAEL REHR

03/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHELOWITZ, PAUL  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            TREASURER  
Name            STEIN , MICHAEL  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            SECRETARY  
Name            CHOMIACK, KAREN  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            VP  
Name            LARRIEU, JORGE  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            D  
Name            FRANZ, BRIAN  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL SHELOWITZ

PRESIDENT

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date