

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26663

Entity Name: OLD CUTLER COVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**9000 SW 152 STREET - SUITE 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:**LAW OFFICE OF MICHAEL E. REHR, P.A.
9990 SW 77 AVE - PH-4
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:**_____
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

Title	DIRECTOR
Name	PAGE , SAMUEL
Address	9000 SW 152 ST #102
City-State-Zip:	MIAMI FL 33157

Title	DIRECTOR
Name	SOKOL-WEINSTEIN, HEIDI
Address	9000 SW 152 ST #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

02/03/2025

Electronic Signature of Signing Officer/Director Detail_____
Date