

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26663

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

**Current Principal Place of Business:**

5805 BLUE LAGOON DR.  
#310  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DR.  
#310  
MIAMI, FL 33126 US

**FEI Number:** 65-0099436

**Certificate of Status Desired:** No

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

ROGEL, DAVID  
BECKER & POLIAKOFF  
121 ALHAMBRA PLAZA ,10TH  
CORAL GABLES, FL 33134 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 PD  
Name SHELOWITZ, PAUL  
Address 14891 SW 75 CT  
City-State-Zip: MIAMI FL 33158

Title TD  
Name FISHMAN, JAMES M  
Address 14871 SW 75 CT  
City-State-Zip: MIAMI FL 33158

Title SD  
Name CHOMIACK, KAREN  
Address 14910 SW 75 CT  
City-State-Zip: MIAMI FL 33158

Title VPD  
Name LARRIEU, JORGE  
Address 14461 SW 76 AVE  
City-State-Zip: MIAMI FL 33158

Title D  
Name ANDERSON, KELLY  
Address 15001 SW 75 CT  
City-State-Zip: MIAMI FL 33158

*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**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date