

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N94000002909

**FILED**  
**Oct 25, 2019**  
**Secretary of State**  
**4792487153CR**

**Entity Name:** OLD CUTLER MEADOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8266 SW 193 STREET  
CUTLER BAY, FL 33157

**Current Mailing Address:**

8266 SW 193 STREET  
CUTLER BAY, FL 33157 US

**FEI Number:** 65-1016901

**Certificate of Status Desired:** No

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

MANHEIMER, KENNETH  
8266 SW 193 STREET  
CUTLER BAY, FL 33157 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:** KENNETH MANHEIMER

10/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANHEIMER, KENNETH  
Address        8266 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            KAFIE, GABRIEL  
Address        8334 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            TREASURER  
Name            MUNIZ, EDUARDO  
Address        8302 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            TOON-NOON, JEAN  
Address        8317 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            QUIJANO, OSCAR  
Address        8201 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            SECRETARY  
Name            AIKEN, LAURA  
Address        8217 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            DORALIO, MILLAN  
Address        8250 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            RIVERA, CARLOS  
Address        8301 SW 193 ST  
City-State-Zip: MIAMI FL 33157

**Continues on page 2**

*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:** KENNETH MANHEIMER

**PRESIDENT**

10/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LANGGAARD, CARL  
Address        8218 SW 193 ST  
City-State-Zip: MIAMI FL 33157

Title           DIRECTOR  
Name           DERUITER, KARI  
Address        8333 SW 193 ST  
City-State-Zip: MIAMI FL 33157