

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770212 (9)
1. Corporation Name
CUTLER GARDNES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% MIAMI MANAGEMENT, INC.
14520 S.W. 119 AVENUE
MIAMI FL 33186
% MIAMI MANAGEMENT, INC.
14500 S.W. 119 AVENUE
MIAMI FL 33186

3. Date Incorporated or Qualified 09/13/1983
3a. Date of Last Report 04/21/1994
4. FEI Number 54-1047781
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 MIAMI MANAGEMENT, INC. 26 MIAMI MANAGEMENT, INC.
22 14275 SW 142 AVE. 27 14275 SW 142 AVE.
23 MIAMI, FL 33186 28 MIAMI, FL 33186
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
TRIAY, CARLOS A., P.A.
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name CARLOS A. TRIAY - ESQUINE
82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD
83 SUITE 1110
84 City CORAL GABLES FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/25/95
NOTE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	GILBERTO, VAZQUEZ
STREET ADDRESS	20117 SW 123 DRIVE
CITY - ST - ZIP	MIAMI FL 33177
TITLE	VPD
NAME	DUKES, DARRYL
STREET ADDRESS	14655 SW 122 AVE. #3
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	CHIN, MARION
STREET ADDRESS	20119 SW 123 DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DURDEN, BLAINE
STREET ADDRESS	20015 SW 123 DR
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	WALKER, LUCILLE
STREET ADDRESS	20040 SW 123 DR
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLAINE DURDEN	
1.3 STREET ADDRESS	20015 SW 123 DRIVE	
1.4 CITY - ST - ZIP	MIAMI FL 33177	
2.1 TITLE	VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NELSON TIMBANG	
2.3 STREET ADDRESS	18455 SW 18850	
2.4 CITY - ST - ZIP	MIAMI FL 33030	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALVIN MC GRAY	
3.3 STREET ADDRESS	20016 SW 123 DRIVE	
3.4 CITY - ST - ZIP	MIAMI FL 33177	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lucille A. Walker	
5.3 STREET ADDRESS	20040 SW 123 DR	
5.4 CITY - ST - ZIP	MIAMI FL 33177	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marion Chin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR