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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
% MIAMI MANAGEMENT, INC.  
14275 SW 142ND AVENUE  
MIAMI FL 33186  
US

3. Date Incorporated or Qualified 09/13/1983  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DURDEN, BLAINE	1.2 NAME	ALVIN MC CRAY
STREET ADDRESS	20015 SW 123RD DRIVE	1.3 STREET ADDRESS	20016 SW 123 DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	VPD	2.1 TITLE	VPD
NAME	TIMBANG, NELSON	2.2 NAME	DARRYL DUKES
STREET ADDRESS	18455 SW 288TH ST	2.3 STREET ADDRESS	20111 S.W 123 DRIVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	D	3.1 TITLE	D
NAME	MCCRAY, ALVIN	3.2 NAME	VIRGINIA JACKSON
STREET ADDRESS	20016 SW 123RD DRIVE	3.3 STREET ADDRESS	20027 S.W 123 DRIVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	DT	4.1 TITLE	DT
NAME	WALKER, LUCILLE	4.2 NAME	CAROL BRAHAM
STREET ADDRESS	20040 SW 123 DR	4.3 STREET ADDRESS	20105 S.W 123 DRIVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	DS	5.1 TITLE	DS
NAME	MARION, CHRIS	5.2 NAME	MARION CHIN
STREET ADDRESS	20119 SW 123 DRIVE	5.3 STREET ADDRESS	20119 S.W 123 DRIVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darryl Dukes* 3-18-97 305-256-6391  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (9/96)