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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770212

1. Corporation Name
CUTLER GARDNES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % MIAMI MANAGEMENT, INC. 14275 SW 142ND AVENUE MIAMI FL 33186 US	Mailing Address % MIAMI MANAGEMENT, INC. 14275 SW 142ND AVENUE MIAMI FL 33186 US
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2. Principal Place of Business 21 Complete & Reliable	2a. Mailing Address 26 Complete & Reliable	3. Date Incorporated or Qualified 09/13/1983
22 Suite, Apt. #, etc. 9745 S.W. 72st, #211	27 Suite, Apt. #, etc. 9745 S.W. 72st, #211	4. FEI Number 54-1047781
23 City & State Miami, FL	28 City & State Miami, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33173	25 Country US	29 Zip 33173
	30 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A ESQ
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Carlos A. Ramirez
82 Street Address (P.O. Box Number is Not Acceptable) C/O Complete and Reliable
83 9745 S.W. 72st, #211
84 City Miami
85 Zip Code FL 33173

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: *Carlos A. Ramirez* DATE: **1-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MCCRAY, ALVIN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 20016 S.W. 123 DRIVE	CITY-ST-ZIP MIAMI FL	
TITLE VPD	NAME DUKES, DARRLY	<input type="checkbox"/> DELETE
STREET ADDRESS 20111 S.W. 123 DRIVE	CITY-ST-ZIP MIAMI FL	
TITLE D	NAME JACKSON, VIRGINIA	<input type="checkbox"/> DELETE
STREET ADDRESS 20027 S.W. 123 DRIVE	CITY-ST-ZIP MIAMI FL	
TITLE DT	NAME BRAHAM, CAROL	<input type="checkbox"/> DELETE
STREET ADDRESS 20105 S.W. 123 DRIVE	CITY-ST-ZIP MIAMI FL	
TITLE SS-DS	NAME CHIN, MARION	<input type="checkbox"/> DELETE
STREET ADDRESS 20119 S.W. 123 DRIVE	CITY-ST-ZIP MIAMI FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Carlos A. Ramirez* DATE: **1-25-99** DAYTIME PHONE #: **305-598-4068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)