

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N16922 (9)**  
1. Corporation Name  
**CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**7226 S.W. 146 ST. CR MIAMI FL 33158**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1986** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-2793723** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**KRIETMAN, GARY MD  
CUTLER OAKS HOME OWNERS  
7226 SW 146 ST CR  
MIAMI FL 33158**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASSER, MARSHAL</b>	1.2 NAME	
STREET ADDRESS	<b>7226 SW 146 ST CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OGDEN, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>7215 SW 146TH ST CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHER, BARRY</b>	3.2 NAME	
STREET ADDRESS	<b>7243 SW 146TH ST CR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>-F-</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>-KRIETMAN, GARY-</b>	4.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>-7226 SW 146 ST CIRCLE-</b>	4.3 STREET ADDRESS	<b>Ronald O. MacKendree</b>
CITY-ST-ZIP	<b>-MIAMI FL-</b>	4.4 CITY-ST-ZIP	<b>7249 S.W. 146 Street Circle</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREITMAN, MADELEINE</b>	5.2 NAME	
STREET ADDRESS	<b>7226 SW 146 ST CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, YVONNE</b>	6.2 NAME	
STREET ADDRESS	<b>7291 SW 146 ST CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald O. MacKendree* **RONALD O. MAC KENDREE** **Treasurer**  
5/11/95 305 666-9615  
Date (day/mo/yr) Telephone No