

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified 3a. Date of Last Report
09/22/1986 **05/16/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7249 S.W. 146 STREET CIRCLE	26 7249 S.W. 146 STREET CIRCLE	59-2793723	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA		
Zip	Country		
24 33158	25 USA		

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
RONALD O. MACKENDREE
82 Street Address (P.O. Box Number is Not Acceptable)
7249 S.W. 146TH STREET CIRCLE
83
84 City
MIAMI 85 Zip Code
FL 33158

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: *Ronald Mackendree*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLASSER, MARSHAL	
STREET ADDRESS	7226 SW 146 ST CIRCLE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OGDEN, BILL	
STREET ADDRESS	7215 SW 146TH ST CIR	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARCHER, BARRY	
STREET ADDRESS	7243 SW 146TH ST CR	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACKENDREE, RONALD O	
STREET ADDRESS	7249 SW 146 ST CIRCLE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREITMAN, MADELEINE	
STREET ADDRESS	7226 SW 146 ST CIRCLE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, YVONNE	
STREET ADDRESS	7291 SW 146 ST CIR	
CITY - ST - ZIP	MIAMI FL	

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 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 Mackendree*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 305 666 9613
DATE Daytime Phone #

CR2E037 (12/95)