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Feb 05 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 # N16922 (9)

1. Corporation Name
CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7249 SW 146TH ST CIRCLE 7249 SW 146 ST CIRCLE
MIAMI FL 33158 MIAMI FL 33158-1670
US US



3. Date Incorporated or Qualified 09/22/1986 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2793723 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State 28 City & State

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

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKENDREE, RONALD O.
7249 SW 146TH ST CIRCLE
MIAMI FL 33158

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GLASSER, MARSHAL 7226 SW 146 ST CIRCLE MIAMI FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D OGDEN, BILL 7215 SW 146TH ST CIR MIAMI FL	2.1 TITLE	
NAME		2.2 NAME	D DRISCOLL, SUSAN
STREET ADDRESS		2.3 STREET ADDRESS	7219 SW 146 ST CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33143
TITLE	D ARCHER, BARRY 7243 SW 146TH ST CR MIAMI FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T MACKENDREE, RONALD O 7249 SW 146 ST CIRCLE MIAMI FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KREITMAN, MADELEINE 7226 SW 146 ST CIRCLE MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D JACKSON, YVONNE 7291 SW 146 ST CIR MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Ronald Mackendree* 1/27/97 (305) 666-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031412

CR2E037 (9/96)