


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16922 (9)**  
1. Corporation Name  
**CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 7249 SW 146TH ST CIRCLE MIAMI FL 33158 US	Mailing Address 7249 SW 146 ST CIRCLE MIAMI FL 33158 US
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3. Date Incorporated or Qualified <b>09/22/1986</b>		
4. FEI Number <b>59-2793723</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**MACKENDREE, RONALD O.**  
7249 SW 146TH ST CIRCLE  
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	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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, MARSHAL	1.2 NAME	
STREET ADDRESS	7226 SW 146 ST CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRISCOLL, SUSAN	2.2 NAME	<i>Director Kym Backovich</i>
STREET ADDRESS	72195 SW 146TH ST CIRCLE	2.3 STREET ADDRESS	<i>72195 SW 146TH ST CIRCLE</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>MIAMI, FL 33158</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, BARRY	3.2 NAME	
STREET ADDRESS	7243 SW 146TH ST CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENDREE, RONALD O	4.2 NAME	
STREET ADDRESS	7249 SW 146 ST CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREITMAN, MADELEINE	5.2 NAME	
STREET ADDRESS	7226 SW 146 ST CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, YVONNE	6.2 NAME	<i>Director Ellen Hashagen</i>
STREET ADDRESS	7291 SW 146 ST CIR	6.3 STREET ADDRESS	<i>7216 SW 146TH ST CIRCLE</i>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<i>MIAMI, FL 33158</i>

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.

SIGNATURE: *Ronald Mackendree* **RECEIVED** 1/12/98 (305) 666-9613

CR2E037 (10/97)