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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Feb 04 1998 8:00am Secretary of State

7249 SW 146TH ST CIRCLE	CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.							
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2 Principal Place of Business \$2a. Mailing Address \$5.02793723 Net Applicable \$6.02	MIAMI FL 33158 MIAM		MIAMI FL 33158	AMI FL 33158			09/22/1986	
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. 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 list registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing list 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 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 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 and the registered agent agent agent and registered agent ag		Country	<u> </u>			-		
### MACKENDREE, RONALD O. 7249 SW 146TH ST CIRCLE ### MAIN FL 33158 ### BE Street Address (P.O. Box Number is Not Acceptable) ### Address of New Registered Agent ### Address of New Registered Agent ### Address (P.O. Box Number is Not Acceptable) ### Address of New Registered Agent ### Address of New Registered Agent ### Address of New Registered Agent ### Address (P.O. Box Number is Not Acceptable) ### Address of New Registered Agent ### Ad	<u> </u>				Couray			
MACKENDREE, RONALD O. 7249 SW 146TH ST CIRCLE MIAMI FL 33158 33 34 City FL 85 City FL 85 Zip Code 41. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INME GLASSER, MARSHAL 12. NAME 12. NAME 12. NAME 12. NAME PRISCOLL, SUSAN 72195 SW 146TH ST CIRCLE 13. THE ADDRESS 14. GITY-ST-2P MIAMI FL D D DELETE 21. TITLE D D DELETE 21. TITLE D D DELETE 21. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D D DELETE 21. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D D DELETE 21. TITLE D D DELETE 21. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D D DELETE 21. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D D DELETE 21. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE D D D DELETE 4. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS								
T249 SW 146TH ST CIRCLE MIAMI FL 33158 Bd City FL 85 Zip Code					81	Name		
T249 SW 146TH ST CIRCLE MIAMI FL 33158 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. Statutus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and marmilar with, and accept the obligations of, Section 617.0502, Plorida Statutus. SIGNATURE SIGNATURE SIGNATURE SIGNATURE P	MACKENDREE, RONALD C.						ddress (P.O. Roy Number Is Not Acceptable)	
### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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, and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of, Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligations of Section 617.0502, Florida Statutes, Transmisser and accept the obligation of Section 617.0502, Florida Statutes, Transmisser and accept the obligation of Section 617.0502, Florida Statutes, Transmisser and accept the obligation of Section 617.0502, Florida Statutes, Transmisser and accept the obligation of Section 617.0502, Florida Statutes, Transmisser and accept the obligation 617.0502, Florida Statutes, Transmisser and accept the oblig						Olicet A	duress (1.0. box Number is Not Acceptable)	
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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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Typed or phristod name of registered agent and the 8 applicable. OFFICERS AND DIRECTORS ITTLE P					84	City	85 Zip Code	
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						ZIP	MIAMI F1 33158	

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.