

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90181 003 \*\*\*\*61.25

2001 UBR

**DOCUMENT # N16922**

1. Entity Name

**CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7249 SW 146TH ST CIRCLE  
 MIAMI FL 33158  
 US

7249 SW 146 ST CIRCLE  
 MIAMI FL 33158  
 US

00010430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2793723**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GLASSER, MARSHAL</b>	
STREET ADDRESS	<b>7226 SW 146 ST CIRCLE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YANCE, CARMEN</b>	
STREET ADDRESS	<b>7286 SW 146 ST CIR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARCHER, BARRY</b>	
STREET ADDRESS	<b>7243 SW 146TH ST CR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MACKENDREE, RONALD O</b>	
STREET ADDRESS	<b>7249 SW 146 ST CIRCLE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KREITMAN, MADELEINE</b>	
STREET ADDRESS	<b>7226 SW 146 ST CIRCLE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLEN HASHAGEN</b>	
STREET ADDRESS	<b>7216 SW 146TH ST. CIRCLE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CINDY ECKHART</b>	
STREET ADDRESS	<b>7297 SW 146 ST CIR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald O. Mackendree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD O. MACKENDREE TREASURER**

Date

**1/23/01**

Daytime Phone #

**(305) 666-9613**

CR2E037 (10/00)