


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90003 039 \*\*\*\*61.25

<b>DOCUMENT # N16922</b>	
1. Entity Name <b>CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>7249 SW 146TH ST CIRCLE MIAMI FL 33158 US</b>	Mailing Address <b>7249 SW 146 ST CIRCLE MIAMI FL 33158 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2793723</b>	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>MACKENDREE, RONALD O. 7249 SW 146TH ST CIRCLE MIAMI FL 33158</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUNN, WILLIAM</b> <b>7296 SW 146 ST CIRCLE</b> <b>MIAMI FL 33158</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard McAlpin</b> <b>7255 S.W. 146 Street Circle</b> <b>Miami, Florida 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKHART, CINDY</b> <b>7297 SW 146 ST CIR</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Eckhart</b> <b>7297 S.W. 146 Street Circle</b> <b>Miami, Florida 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCHER, BARRY</b> <b>7243 SW 146TH ST CR</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sylvia Thorpe</b> <b>7236 S.W. 146 Street Circle</b> <b>Miami, Florida 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MACKENDREE, RONALD O</b> <b>7249 SW 146 ST CIRCLE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KREITMAN, MADELEINE</b> <b>7226 SW 146 ST CIRCLE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLEN HASHAGEN</b> <b>7216 SW 146TH ST. CIRCLE</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ellen Hashagen</b> <b>7216 S.W. 146 Street Circle</b> <b>Miami, Florida 33158</b>

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: X Ronald O Mackendree X 2/13/04 X (305) 666-9613

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**RONALD O. MACKENDREE, TREASURER**