


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90041 033 ****61.25

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| DOCUMENT # N16922 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCAPLIN, RICHARD | | NAME | | |
| STREET ADDRESS | 7255 SW 146V STREET CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33158 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECKHART, CINDY | | NAME | | |
| STREET ADDRESS | 7297 SW 146 ST CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33158 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCHER, BARRY | | NAME | | |
| STREET ADDRESS | 7243 SW 146TH ST CR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACKENDREE, RONALD O | | NAME | | |
| STREET ADDRESS | 7249 SW 146 ST CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECKHART, JAMES | | NAME | | |
| STREET ADDRESS | 7297 SW 146 STREET CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33158 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELLEN HASHAGEN | | NAME | SHARON ADAMO | |
| STREET ADDRESS | 7216 SW 146TH ST. CIRCLE | | STREET ADDRESS | 7291 SW 146 ST CIR | |
| CITY-ST-ZIP | MIAMI, FL 33158 | | CITY-ST-ZIP | MIAMI FL 33158 | |
| 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: <i>Ronald O Mackendree</i> | | | Date: 1/5/05 (305) 666-9613 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

