


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90017 019 \*\*\*\*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>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2793723</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MACKENDREE, RONALD O. 7249 SW 146TH ST CIRCLE MIAMI FL 33158</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCAPLIN, RICHARD</b>	NAME	
STREET ADDRESS	<b>7255 SW 146V STREET CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKHART, CINDY</b>	NAME	
STREET ADDRESS	<b>7297 SW 146 ST CIR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHER, BARRY</b>	NAME	
STREET ADDRESS	<b>7243 SW 146TH ST CR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKENDREE, RONALD O</b>	NAME	
STREET ADDRESS	<b>7249 SW 146 ST CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKHART, JAMES</b>	NAME	
STREET ADDRESS	<b>7297 SW 146 STREET CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, SHAREN</b>	NAME	
STREET ADDRESS	<b>7216 SW 146TH ST. CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

*(305) 7234-8212*