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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000629 (6)
1. Corporation Name

PERRINE/CUTLER RIDGE COUNCIL, INC.



Principal Place of Business Mailing Address

900 PERRINE AVE. MIAMI FL 33157 US

900 PERRINE AVE. MIAMI FL 33157 US

3. Date Incorporated or Qualified
02/15/1993

4. FEI Number
65-0407832

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CRANMAN, STEVEN J.
900 PERRINE AVE.
PERRINE FL 33157

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Steven J. Cranman, Executive Director 21414

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HEACOCK, DENISE | |
| STREET ADDRESS | 9707 E. HIBISCUS STREET | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | CO-C | <input type="checkbox"/> DELETE |
| NAME | CADMAN, GEORGE I | |
| STREET ADDRESS | 15757 S. DIXIE HWY. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLLINS, MARY | |
| STREET ADDRESS | 18021 SW 91ST AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DOTSON, ALBERT S | |
| STREET ADDRESS | 17901 SW 78TH AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | BELL, WILBUR | |
| STREET ADDRESS | 17452 SW 104TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HANNA, ED | |
| STREET ADDRESS | 17823 HOMESTEAD AVE. | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | LO-C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Gunderson, heif | |
| 1.3 STREET ADDRESS | 17945 Franjo Road | |
| 1.4 CITY-ST-ZIP | Miami, FL 33157 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Brown, Bill | |
| 2.3 STREET ADDRESS | 840 Perrine Avenue | |
| 2.4 CITY-ST-ZIP | Miami, FL 33157 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jefferson, Ron | |
| 3.3 STREET ADDRESS | 20505 S. Dixie Hwy., #899 | |
| 3.4 CITY-ST-ZIP | Miami, FL 33184 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Ludovici, Susan | |
| 4.3 STREET ADDRESS | 17415 S. Dixie Hwy. | |
| 4.4 CITY-ST-ZIP | Miami, FL 33157 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Masso, Joyce | |
| 5.3 STREET ADDRESS | 18131 SW 98 Avenue, Rd. | |
| 5.4 CITY-ST-ZIP | Miami, FL 33157 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Bell, Charles | |
| 6.3 STREET ADDRESS | 8120 SW 184 Lane | |
| 6.4 CITY-ST-ZIP | Miami, FL 33157 | |

14. 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 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.

SIGNATURE: Wilbur B. Bell 214198 (305)378-9470

CR2E037 (10/97)