

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.**  
**AMOUNT DUE ON OR BEFORE 8/9/98: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$398)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 8:50

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # N32415 (4)**

1. Corporation Name

**CACHE' HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O SUSAN VALLENILLA  
 8747 FOREST HILLS BLVD.  
 CORAL SPRINGS FL 33065

C/O SUSAN VALLENILLA  
 8747 FOREST HILLS BLVD.  
 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

12/14/1994

4. FEI Number

65-0180370

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUDER, JODI**  
**19601 E. COUNTRY CLUB DRIVE, #506**  
**NORTH MIAMI BEACH FL 33180**

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

Jodi Puder

*Jodi Puder*

(NOTE: Registered Agent signature required when registering)

DATE

6/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PUDER, JODI
STREET ADDRESS	19601 E. COUNTRY CLUB DRIVE, #506
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33180
TITLE	VD
NAME	PUDER, BERNARD
STREET ADDRESS	19707 TURNBERRY WAY, #27-J
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33180
TITLE	STD
NAME	VALLENILLA, SUSAN
STREET ADDRESS	8745 FOREST HILLS BLVD
CITY - ST - ZIP	CORAL GABLES FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Jodi L. Puder*

Jodi L. Puder

6/28/95 305-931-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional Item #)

CR2E037 (3/95)