

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32415 (4)
1. Corporation Name

CACHE' HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: C/O SUSAN VALLENILLA, 8747 FOREST HILLS BLVD., CORAL SPRINGS FL 33065
Mailing Address: 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: **07/07/1995**

2. Principal Place of Business: 21 **8747 FOREST HILLS BLVD**
22 Suite, Apt. #, etc.:
23 **CORAL SPRINGS, FL**
24 Zip: **33065**
25 Country: **U.S.A.**
26 Mailing Address: 26 **FOREST HILLS BLVD**
27 Suite, Apt. #, etc.: **8747**
28 City & State: **CORAL SPRINGS FL**
29 Zip: **33065**
30 Country: **U.S.A.**

4. FEI Number: **65-0180370**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
PUDER, JODI
19601 E. COUNTRY CLUB DRIVE, #506
NORTH MIAMI BEACH FL 33180

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUDER, JODI	12 NAME	
STREET ADDRESS	19601 E. COUNTRY CLUB DRIVE, #506	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUDER, BERNARD	22 NAME	
STREET ADDRESS	19707 TURNBERRY WAY, #27-J	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	24 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLENILLA, SUSAN	32 NAME	
STREET ADDRESS	8745 FOREST HILLS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33065	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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: Susan Vallenilla **SUSANNE VALLENILLA** **Feb-5-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)