


# 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		4. FEI Number <b>59-2793723</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<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	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	S	<input type="checkbox"/> Delete	TITLE	<input 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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, SHAREN		NAME		
STREET ADDRESS	7216 SW 146TH ST. CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		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