2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N16922

1. Entity Name

CUTLER OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

7249 SW 146TH ST CIRCLE MIAMI, FL 33158 US 7249 SW 146 ST CIRCLE MIAM!, FL 33158 US

FILED Jan 25, 2007 8:00 am Secretary of State

01-25-2007 90052 037 ****61.25



01212007 No Chg-NP

CR2E037 (4/06)

	¢0.75
59-2793723	Not Applicable
. FEI Number	Applied For
···	

5. Certificate of Status Desired

Konald O. MacKendry/22/87

▶6./ ⊃ Additions Fee Required

6. Name and Address of Current Registered Agent

MACKENDREE, RONALD O. 7249 SW 146TH ST CIRCLE MIAMI, FL 33158

SIGNATURE:

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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. Lam familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating					DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCAPLIN, RICHARD 7255 SW 146V STREET CIRCLE MIAMI, FL 33158					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D' ECKHART, CINDY 7297 SW 146 ST CIR MIAMI, FL 33158					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCHER, BARRY 7243 SW 146TH ST CR MIAMI, FL		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACKENDREE, RONALD O 7249 SW 146 ST CIRCLE MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKHART, JAMES 7297 SW 146 STREET CIRCLE MIAMI, FL 33158					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, SYLVIA 7236 SW146 ST CIE NIAMI FI 33158	<i></i>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 receivenor 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 attachpent sylth an address, with all other like empowered.						