

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

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**
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
85 Zip Code: **FL**

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 PUDER, JODI 19601 E. COUNTRY CLUB DRIVE, #506 NORTH MIAMI BEACH FL 33180	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD PUDER, BERNARD 19707 TURNBERRY WAY, #27-J NORTH MIAMI BEACH FL 33180	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STD VALLENILLA, SUSAN 8745 FOREST HILLS BLVD CORAL GABLES FL 33065	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SUSANNE VALLENILLA** Feb-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)