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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

17971 BISCAYNE BLVD
SUITE 212
N. MIAMI BEACH FL 33160
US

C/O JODI PUDER
17971 BISCAYNE BLVD.
N. MIAMI BEACH FL 33160-2578

3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 19707 TURNBERRY WAY

26 JODI PUDER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #27-J

27 19707 TURNBERRY WAY #27-J

City & State

City & State

23 AVENTURA, FLORIDA

28 AVENTURA, FLORIDA

Zip

Country

Zip

Country

24 33180

25 U.S.A.

29 33180

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

10. Name and Address of New Registered Agent

PUDER, JODI
17971 BISCAYNE BLVD
SUITE 212
N. MIAMI BEACH FL 33160

81 Name JODI PUDER

82 Street Address (P.O. Box Number is Not Acceptable)

19707 TURNBERRY WAY,
#27-J

84 City AVENTURA

FL

85 Zip Code
33180

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 P.D.

1/21/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PUDER, JODI
STREET ADDRESS 17971 BISCAYNE BLVD
CITY-ST-ZIP N. MIAMI BEACH FL 33160

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME JODI PUDER
1.3 STREET ADDRESS 19707 TURNBERRY WAY, #27-J
1.4 CITY-ST-ZIP AVENTURA, FL. 33180

TITLE VD ☐ DELETE
NAME PUDER, BERNARD
STREET ADDRESS 19707 TURNBERRY WAY, #27-J
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME KLINE, FELICE
STREET ADDRESS 1384 N.W. 126TH AVE.
CITY-ST-ZIP SUNRISE FL 33323

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: B. Puder BERNARD PUDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

(305) 935-2108
Daytime Phone # 0031501

CR2E037 (9/96)