


FILE NOW: FILING FEE IS \$61.25

"A...
FILED
Jun 11 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
1. Corporation Name
'CACHE' HOMEOWNERS' ASSOCIATION Inc

Principal Place of Business Mailing Address
**8733 FOREST HILLS BLVD
CORAL SPRINGS FL 33065**

2. Principal Place of Business 2a. Mailing Address
21 **8733 FOREST HILLS BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **CORAL SPRINGS FL** 28
Zip Country Zip Country
24 **33065** 25 **BROWARD** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
5/22/89 **1/21/97**

4. FEI Number Applied For
65-0180370 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
**JODI PUDER
19707 TURNBERRY WAY #27J
AVENTURA FL 33180**

10. Name and Address of New Registered Agent
81 Name **ROBERT FERRETTI**
82 Street Address (P.O. Box Number is Not Acceptable)
8733 FOREST HILLS BLVD.
83
84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 *Robert Ferretti* *Robert Ferretti* DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JODI PUDER
STREET ADDRESS	19707 TURNBERRY WAY #27J
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD PUDER
STREET ADDRESS	19707 TURNBERRY WAY 27-J
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FELICE KLING
STREET ADDRESS	1384 NW 126 AVE
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D JOHN DOUCETTE
1.3 STREET ADDRESS	8759 FOREST HILLS BLVD.
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D ROBERT TOSSAS
2.3 STREET ADDRESS	8777 FOREST HILLS BLVD.
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D ALAN WARMAN
3.3 STREET ADDRESS	8787 FOREST HILLS BLVD.
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D ROBERT FERRETTI
4.3 STREET ADDRESS	8733 FOREST HILLS BLVD
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T/D BARBARA M. LUCAS
5.3 STREET ADDRESS	8729 FOREST HILLS BLVD.
5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002212719
6.3 STREET ADDRESS	-06/16/97--01043--030
6.4 CITY-ST-ZIP	***61.25

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: *Robert Ferretti* *Robert Ferretti* Date: **4/14/97** Daytime Phone #

CR2E037 (9/96)