


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 028 ****61.25

DOCUMENT # N95000000867 1. Entity Name POST ROAD CASCADES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6767 N WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940			Mailing Address P O BOX 410759 MELBOURNE, FL 32941-0759		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3374797	
Zip		Country		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	
ADVANCED PROPERTY MANAGEMENT 6767 N WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940				Name Advanced Property Mgmt, Inc. Street Suite 106 1978 Rockledge Blvd City Rockledge, FL 32955 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 <u>KATHLEEN N. WATTS</u> 12-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEBUS, DICK 3109 HUNTLEIGH WAY MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD KRAUSE 4163 CHELAN DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CARR, JIM 4047 ESTANCIA WYA MELBOURNE, FL 32935		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Amy Williams 4153 CHELAN DR MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FARSON, BRIAN 4073 ESTANCIA WAY MELBOURNE, FL 32934		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHMIDT, JIM 4057 ESTANCIA WAY MELBOURNE, FL 32935		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WALWYN, ORAL 4337 MONTRAUX AVE MELBOURNE, FL 32934		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VT KELLY, PAUL 4132 CHELAN DR. MELBOURNE, FL 32935		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TD	
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 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: <u>[Signature]</u> 4/6/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					