2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State
04-10-2001 90046 048 ****70.00
08-20-2001 90075 003 ****61.25

DOCUMENT # N98000004024

1. Entity Name
LIMOGE AT THE CASCADES HOMEOWNERS' ASSOCIATION,

Principal Place of Business	Mailing Address
7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	5295 TOWN CENTER RD SUITE # 200 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Castle Management, Inc.	c/o Castle Management, Inc.
Suite, Apt. #, etc. P.O. Box 189013	Suite, Apt. #, etc. P.O. Box 189013
City & State Plantation, FL 33318	City & State Plantation, FL
Zip / Country 33318 / USA	Zip / Country 33318 / USA

4. FEI Number 65-0901701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1096	Name: Castle Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Blvd. Suite C-100 City Plantation FL Zip Code 33313

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.

SIGNATURE Gail H. Sanguinetti Gail H. Sanguinetti - V.P. Administration 8/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETTINGER, DAVID C/O 7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Heyum, Joan 7346 Hayiland Circle Boynton Beach, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SLEEK, HARRY C/O 7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Abrams, Murray 7362 Hayiland Circle Ft. Lauderdale, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WEST, ALFRED G C/O 7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rifkin, Sy 7141 Louisianne Ct. Boynton Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Leicher, Jack 7277 Toscone Court Boynton Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fleisher, Marvin 7085 Hayiland Circle Boynton Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Polinsky, Janet 7141 Hayiland Circle Boynton Beach, FL	☐ Change ☒ Addition

CR2E037 (5/01)

12. I 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 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: Gail H. Sanguinetti Gail H. Sanguinetti - V.P. Administration 8/14/01 561-832-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #