
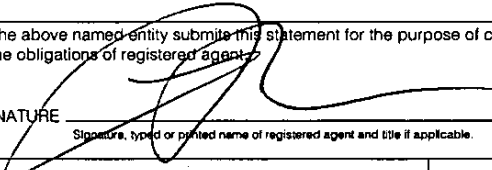
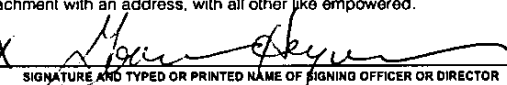


Limoge at the Cascades Homeowners' Association, Inc.

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90022 011 \*\*\*\*61.25

<b>DOCUMENT # N98000004024</b>					
1. Entity Name <b>LIMOGE AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6601 CASCADE ISLES BLVD. BOYNTON BEACH, FL 33436 US</b>			Mailing Address <b>6601 CASCADE ISLES BLVD. BOYNTON BEACH, FL 33436 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0901701</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ST. JOHN, CORE &amp; LEMUE, P.A. 1601 FORUM PLACE WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>CAPLAN, LOUIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAGHS, SAX &amp; KLEIN</b> <b>301 YAMATO ROAD, SUITE 4150</b> City <b>BOCA RATON, FL</b> Zip Code <b>33431</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>5/23/06</b>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYUM, JOAN			NAME	
STREET ADDRESS	7346 HAYILAND CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, MURRAY			NAME	
STREET ADDRESS	7362 HAYILAND CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFKIN, SY			NAME	
STREET ADDRESS	7141 LOUISIANNE CT			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEISHER, MARVIN			NAME	<b>TENDLER, JIM</b>
STREET ADDRESS	7085 HAVILAND CIRCLE			STREET ADDRESS	<b>7183 LOUISIANE COURT</b>
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, PHYLLIS			NAME	
STREET ADDRESS	7186 HAVILAND CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, MICHAEL S			NAME	<b>KESHNER, DOLORES</b>
STREET ADDRESS	7189 HAVILAND CIR.			STREET ADDRESS	<b>7178 LOUISIANE COURT</b>
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
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: 				Date <b>5/10/06</b> Daytime Phone # <b>561-740-9212</b>	