

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90012 018 ****70.00

DOCUMENT # N32415

1. Entity Name

CACHE' HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8789 FOREST HILLS BLVD
 CORAL SPRINGS FL 33065
 US

8789 FOREST HILLS BLVD
 CORAL SPRINGS FL 33065-5475
 US

BU007483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0180370

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERRETTI, ROBERT
8733 FOREST HILLS BLVD
CORAL SPRINGS FL 33065

Name

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

City

FL

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.

SIGNATURE

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DOUCETTE, JOHN	
STREET ADDRESS	8759 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TOSSAS, ROBERT	
STREET ADDRESS	8777 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, IRVING	
STREET ADDRESS	8781 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, MARTIN	
STREET ADDRESS	8779 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, BARBARA M	
STREET ADDRESS	8729 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ferretti	
STREET ADDRESS	8733 Forest Hills Blvd	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Widry	
STREET ADDRESS	8775 Forest Hills Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Doucette	
STREET ADDRESS	8759 Forest Hills Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN WARMAN	
STREET ADDRESS	8787 Forest Hills Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert Ferretti* **ROBERT FERRETTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

954-755-2582
 Cell # 954-560-3947

Daytime Phone #

CR2E037 (9/99)