

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 32415

1. Entity Name
CACHE HOMEOWNERS ASSOCIATION, INC.

2. Principal Place of Business
8789 FOREST HILLS BLVD

3. Mailing Address
8789 FOREST HILLS BLVD

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33065

Country
USA

Zip
33065

Country
USA

2001 AMENDED UBR

4. FEI Number
65-0180370

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MAXIMUM MAINT AND MGT
8789 FOREST HILLS BLVD
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent
Name
IRVING RIVERA
Street Address (P.O. Box Number is Not Acceptable)
8789 FOREST HILLS BLVD
City
CORAL SPRINGS FL Zip Code
33065

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 DATE **7-4-01**

Signature, typed or printed name of registered agent and, where applicable, (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE VD	NAME DI MAGRO, JOSEPH	TITLE SECRETARY DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8717 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	NAME 200004547732--8	
TITLE VD	NAME LUCAS, BARBARA	STREET ADDRESS -08/22/01--01004--023	
STREET ADDRESS 8729 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	CITY-ST-ZIP *****35.00 *****35.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME RIVERA, IRVING	TITLE TREASURER DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8781 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	NAME 200004547732--8	
TITLE SD	NAME DOUCETTE, JOHN	STREET ADDRESS -08/22/01--01004--024	
STREET ADDRESS 8759 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	CITY-ST-ZIP *****26.25 *****26.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD TD	NAME WARMAN, ALAN	TITLE VICE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8787 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	NAME ANITA MARIE GROSSO	
TITLE VD	NAME ALAN WARMAN	STREET ADDRESS 8785 FOREST HILLS BLVD	
STREET ADDRESS 8787 FOREST HILLS BLVD	CITY-ST-ZIP CORAL SPRINGS FL 33065	CITY-ST-ZIP CORAL SPRINGS FL 33065	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: DATE: **7-4-01** **954-753-6149**