

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90114 018 ****61.25

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
 US**

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

65-0180370

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

**RIVERA, IRVING
 8789 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 **SD** Delete
 NAME **DI MAGRO, JOSEPH**
 STREET ADDRESS **8717 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LUCAS, BARBARA**
 STREET ADDRESS **8729 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** Change Addition
 NAME **MURPHY, COLLIN**
 STREET ADDRESS **8765 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** Delete
 NAME **RIVERA, IRVING**
 STREET ADDRESS **8781 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **DOUCETTE, JOHN**
 STREET ADDRESS **8759 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **GROSSO, ANNA MARIE**
 STREET ADDRESS **8785 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED

1/11/02

CR2E037 (9/01)