


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-23-2005 90056 015 ****61.25

DOCUMENT # N32415
 1. Entity Name
CACHE' HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 8789 FOREST HILLS BLVD
 CORAL SPRINGS, FL 33065 US

Mailing Address
 8789 FOREST HILLS BLVD
 CORAL SPRINGS, FL 33065 US

66013696



2. Principal Place of Business
 7932 Wiles Road
 Suite, Apt. #, etc.

3. Mailing Address
 7932 Wiles Road
 Suite, Apt. #, etc.

03012005 Chg-NP CR2E037 (10/03)

City & State
 Coral Springs FL

City & State
 Coral Springs FL

Zip
 33067

Country

Zip
 33067

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
 DOUCETTE, JOHN
 8759 FOREST HILLS BLVD
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
 Name
~~BAKER LAW FIRM~~

Street Address (P.O. Box Number is Not Acceptable)
 136 E. BOCA RATON ROAD

City
 BOCA RATON

FL

Zip Code
 33432

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: *[Signature]* DATE: 4-18-2005

KEITH BACCO
President

Filing Fee is \$61.25
 Due by May 1, 2005

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

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, WILLIAM 8735 FOREST HILLS BLVD. CORAL SPRINGS, FL 33065	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECHTER, JOEL 8737 FOREST HILLS BLVD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODMAN, ERIC 8767 FOREST HILLS BLVD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAYUEL, SALLY 8751 FOREST HILLS BLVD. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAZIER, MICHAEL 8757 FOREST HILLS BLVD. CORAL SPRINGS, FL 33065	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-SECRETARY WHITMAN, JASON 8787 FOREST HILL BLVD CORAL SPRINGS FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TREASURER LUCAS, BARBARA 8729 FOREST HILL BLVD. CORAL SPRINGS FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SIROTA, BRIAN 8705 FOREST HILL BLVD CORAL SPRINGS FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICE-PRESIDENT FRAZIER, MICHAEL 8757 FOREST HILL BLVD CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 817, 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]* MICHAEL FRAZIER 2/28/05 954 314-5358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #