
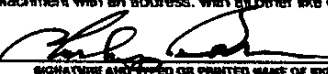


Cascades at St Lucie West Residents' Association, Inc

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90160 001 \*2,266.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N98000004724			
1. Entity Name CASCADES AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC			
Principal Place of Business 800 NW CASCADES ISLE BLVD PORT ST LUCIE, FL 34986		Mailing Address CASTLE MANAGEMENT, INC. 12270 AW 3RD STREET, SUITE 200 PLANTATION, FL 33325	
2. Principal Place of Business - No P.O. Box # <b>(CORRECT ZIP CODE ONLY)</b> Suite, Apt #, etc		3. Mailing Address C/O CASTLE GROUP Suite, Apt #, etc P.O. BOX 559009 FORT LAUDERDALE, FL	
City & State 34986		City & State 33355	
Zip		Country	
4. FEI Number 65-1015731		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L ESQ CORNETT, GOUGE & ASSOCIATES, P A 401 E OSCEOLA ST STUART, FL 34994		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIXON, EDWARD 325 SHORELINE CIRCLE PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, EDMOND 325 SHORELINE CIRCLE PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROB, ARLENE 373 N.W. SPRINGVIEW LOOP PORT SAINT LUCIE, FL 34988 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARON, PHILIP 364 SPRINGVIEW LOOP PORT ST LUCIE, FL 34988 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLEAN, GARY 299 LISERON WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC LEAN, GARY 229 LISERON WAY PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PESCINO, JOHN 404 BREEZY PT LOOP PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, JOSEPH 338 BREEZY POINT LOOP PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYRACUSE, JAMES 317 TOSCANE TRAIL PORT ST LUCIE, FL 34988 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITSCH, GEORGE 463 BLUE LAKE DRIVE PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAS, GREG 316 ALANA CIRCLE PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRAS, GREG 316 ALANA AVENUE PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PHILIP BARON		Date: Apr 2, 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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