

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N32415

Entity Name: CACHE' HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 65-0180370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT
C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

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: ANGELA FIORE

04/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name TUCHETTE, LEE
Address C/O WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT
Name COHEN, LISA
Address C/O WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name CANAS, LEONEL
Address C/O WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VP
Name MARTY, JENNIFER
Address C/O WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name HATUEL, SOLLY
Address C/O WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA COHEN

PRESIDENT

04/14/2020

Electronic Signature of Signing Officer/Director Detail

Date