FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G41498** **(8)**

1. Corporation Name

LANTANA CASCADES & FMO ASSOC., INC.

Principal Place of Business	Mailing Address
3323 W. MAYAGUANA LANE LANTANA FL 33462	3323 W. MAYAGUANA LANE LANTANA FL 33462

3. Date Incorporated or Qualified: **05/18/1983**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2767438** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAINES, NORMA J
3323 W. MAYAGUANA LANE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Norma J. Haines Sec/Trea — Norma J. Haines — DATE: 3/6/96
Signature, typed or printed name of signing officer, title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JOHN		1.2 NAME		
STREET ADDRESS	3294 S. LAKE CASCADE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SAVAGE, HELENA		2.2 NAME	Poirier, Raymond	
STREET ADDRESS	3322 CAT CAY		2.3 STREET ADDRESS	6364 Jewelfish Cay	
CITY-ST-ZIP	LANTANA FL 33462		2.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAINES, NORMA		3.2 NAME		
STREET ADDRESS	3323 W MAYAGUANA		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CHIODINI, NANCY		4.2 NAME	Savage, Helena	
STREET ADDRESS	6377 BULA ALEX CAY		4.3 STREET ADDRESS	3322 Cat Cay	
CITY-ST-ZIP	LANTANA FL 33462		4.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	POIRIER, RAYMOND		5.2 NAME	Nastoff, Estelle	
STREET ADDRESS	6364 JEWELFISH CAY		5.3 STREET ADDRESS	6393 Hog Cay	
CITY-ST-ZIP	LANTANA FL		5.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAAR, BETTY		6.2 NAME		
STREET ADDRESS	3282 S. LAKE CASCADE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma J. Haines — Norma J. Haines — 3/6/96 — (407) 965-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #