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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33462-6828

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 3282 S. Lake Cascade	26 Suite, Apt. #, etc.: 3282 S. Lake Cascade
22	27
23 City & State: Lantana FL	28 City & State: Lantana FL
24 Zip: 33462 25 Country: Palm Beach	29 Zip: 33462 30 Country: Palm Beach

3. Date Incorporated or Qualified: 05/18/1983
3a. Date of Last Report: 03/12/1996
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	10. Name and Address of New Registered Agent
HAINES, NORMA J 3323 W. MAYAGUANA LANE LANTANA FL 33462	81 Name: Ms. Elizabeth Baar 82 Street Address (P.O. Box Number is Not Acceptable): 3282 S. Lake Cascade 83 84 City: Lantana FL 85 Zip Code: 33462

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: Elizabeth J. Baar
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	POIRIER, RAYMOND		2.2 NAME	Mrs. Estelle Nastoff	
STREET ADDRESS	6364 JEWEL FISH CAY		2.3 STREET ADDRESS	6393 hog Cay	
CITY-ST-ZIP	LANTANA FL		2.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	HAINES, NORMA		3.2 NAME	Ms. Elizabeth Baar	
STREET ADDRESS	3323 W MAYAGUANA		3.3 STREET ADDRESS	3282 S. Lake Cascade	
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SAVAGE, HELENA		4.2 NAME	Mrs. Nancy Chiodini	
STREET ADDRESS	3322 CAT CAY		4.3 STREET ADDRESS	6377 Bula Alex	
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	NASTOFF, ESTELLE		5.2 NAME	Mrs. Doris Peguignot	
STREET ADDRESS	6393 HOG CAY		5.3 STREET ADDRESS	3253 W. Cat 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 (9/96)

14. I do 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 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: Elizabeth J. Baar