

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 09, 2009**  
**Secretary of State**

DOCUMENT# N05000010230

**Entity Name:** CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**New Principal Place of Business:****Current Mailing Address:**G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**New Mailing Address:****FEI Number:** 42-1702156**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DERVISHI, BRIAN ESQ  
ONE SOUTHEAST 3RD AVE  
STE 1980  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** BOLNICK, ANDREW  
**Address:** 3442 E LAKE RD STE 310  
**City-St-Zip:** PALM HARBOR, FL 34685**Title:** SD ( ) Delete  
**Name:** DUNNAVANTI, TIM  
**Address:** 10044 CHARDONNAY LN  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D ( ) Delete  
**Name:** ANDERSON, ERICA  
**Address:** 3442 EAST HARBOR LAKE ROAD #310  
**City-St-Zip:** PALM HARBOR, FL 34685**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BOLNICK, ANDREW J  
**Address:** 3001 COUNTRYSIDE BOULEVARD  
**City-St-Zip:** CLEARWATER, FL 33761**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** ANDERSON, ERICA  
**Address:** 3001 COUNTRYSIDE BOULEVARD  
**City-St-Zip:** CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW J. BOLNICK, RECEIVER

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date