

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 03, 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 J
Address: 3001 COUNTRYSIDE BOULEVARD
City-St-Zip: CLEARWATER, FL 33761**Title:** SD () Delete
Name: DUNNAVANTI, TIM
Address: 10044 CHARDONNAY LN
City-St-Zip: ORLANDO, FL 32835**Title:** D () Delete
Name: ANDERSON, ERICA
Address: 3001 COUNTRYSIDE BOULEVARD
City-St-Zip: CLEARWATER, FL 33761**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: METCALFE, JOSEPH
Address: 15399 YELLOWWOOD DR
City-St-Zip: ALVA, FL 33920**Title:** SD (X) Change () Addition
Name: OISTACHER, ARLENE
Address: 15298 YELLOWWOOD DRIVE
City-St-Zip: ALVA, FL 33920**Title:** VPD (X) Change () Addition
Name: REZNITSKY, STEVE
Address: 3207 APPLE BLOSSOM DRIVE
City-St-Zip: ALVA, FL 33920**Title:** TD () Change (X) Addition
Name: RANKIN, PAUL
Address: 15391 YELLOWWOOD DRIVE
City-St-Zip: ALVA, FL 33920

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: JOSEPH METCALFE

PRES

09/03/2009

Electronic Signature of Signing Officer or Director

Date