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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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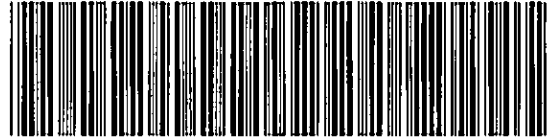
(Business Entity Name)

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2019 MAR 18 PM 10:42

STATE  
CLERK

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

THE CASCADES OF ST LUCIE WEST WOMEN'S CLUB, INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

GRACE M. CENTOLA  
FROM: \_\_\_\_\_  
Name (Printed or typed)  
308 NW TOSCANETRL  
\_\_\_\_\_  
Address  
PORT ST LUCIE, FLORIDA 34986  
\_\_\_\_\_  
City, State & Zip  
585-683-1043  
\_\_\_\_\_  
Daytime Telephone number  
GRACECENT709@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2026 JUL 18 PM 3:38  
FILE

**NOTE:** Please provide the original and one copy of the articles.

*Grace M. Centola*

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

THE CASCADES OF ST LUCIE WEST WOMEN'S CLUB, INC.  
The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
THE CASCADES

Mailing address, if different is:

800 CASCADES ISLES BLVD

PORT ST LUCIE, FL 34986

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The Cascades of St Lucie West Women's Club is dedicated to the enrichment of the members of the club. The Club provides unique activities and events that offer social interaction, camaraderie, education and entertainment for Club members. The Club promotes and sponsors various activities for the enjoyment of its members. Membership is open to women who are residents of the Cascades of St Lucie West in Port St Lucie, Florida. The Club is a non-profit organization. No part of the corporation funds will be used to the benefit of, or distributed to, its members, officers, directors or other private persons, except that the Club will be authorized to pay reasonable compensation for services rendered.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Member voting - yearly  
MAJORITY VOTE.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grace M. Centola, President

Address: 308 NW Toscana Trl

Port St Lucie, Florida 34986

Name and Title: Dorrie Hulsey, Vice President

Address: 356 Sunview Way

Port St Lucie, Florida 34986

Name and Title: Delores Lindquist, Treasurer

Address: 382 Granville St

Port St Lucie, Florida 34986

Name and Title: Hildy Heischer, Secretary

Address: 395 Sunview Way

Port St Lucie, Florida 34986

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Grace Centola  
Address: 308 NW Toscane Trl  
Port St Lucie, Florida 34986

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Grace Centola  
Address: 308 NW Toscane Trl  
Port St Lucie, Florida 34986

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Grace M. Centola  
Required Signature of Registered Agent

August 14, 2020

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Grace M. Centola  
Required Signature of Incorporator

August 14, 2020

Date

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