

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90240 045 ****61.25

DOCUMENT # N22143

1. Entity Name
CASCADES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**809 EASTOVER CIRCLE
DELAND, FL 32724 US**

Mailing Address
**P.O. BOX 1838
DELAND, FL 32721-1838 US**

50020855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2875467

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, ROBERT D
809 EASTOVER CIR
DELAND, FL 32724**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, BARBARA 1124 WEST GLENFALLS RD DELAND, FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINHOLTZ, MARY 1101 STILLWATER DR DELAND, FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDELL, ROB 1194 E. GLEN FALLS RD DELAND, FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAULIEU, JOE 1170 E GLEN FALLS RD DELAND, FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DULAC, AMEREEN 1116 W. GLENFALLS RD DELAND, FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDI, LUCIE 3208 AYESBURY CIRCLE DELAND, FL 32720	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

Daytime Phone #

386-740-8200

ATTACHMENT 50020855
N22143

DOCUMENT # N22143
CASCADES HOMEOWNERS ASSOCIATION, INC

SUPPLEMENTAL SHEET TO 2005 ANNUAL REPORT

ADDITIONS

TITLE	NANE	STREET ADDRESS	CITY, ST, ZIP
PD	COPELAND, RICHARD	1112 W. GLEN FALLS RD	DELAND, FL 32720
D	FRYMIRE, KATHY	1119 OLD MILL RUN	DELAND, FL 32720
VD	LAFLAMME, MARK	1158 E. GLEN FALLS RD	DELAND, FL 32720
TD	NOICE, JIM	1104 OLD MILL RUN	DELAND, FL 32720
SD	PINDER, SUSIE	1108 OLD MILL RUN	DELAND, FL 32720