

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22143

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** CASCADES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1025 CLEAR LAKE DR  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1838  
DELAND, FL 327211838 US

**New Mailing Address:**

**FEI Number:** 59-2875467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITMARSH, AMY  
432 W NEW YORK AVE  
A  
DELAND, FL 32720 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: P  
Name: LOMBARDI, LUCY  
Address: 1025 CLEAR LAKE DR  
City-St-Zip: DELAND, FL 32720

Title: P  
Name: MILBOUER, CYNTHIA  
Address: 1025 CLEAR LAKE DR  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: LEE, MARJORIE  
Address: 1025 CLEAR LAKE DR  
City-St-Zip: DELAND, FL 32720

Title: SEC  
Name: LIND, LORNA  
Address: 1025 CLEAR LAKE DR  
City-St-Zip: DELAND, FL 32720

Title: T  
Name: MARTINEZ, CORINNE  
Address: 1025 CLEAR LAKE DR  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

**SIGNATURE:** AMY WHITMARSH

RA

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date