


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32415

1. Corporation Name
CACHE' HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 8733 FOREST HILLS BLVD CORAL SPRINGS FL 33065 US	Mailing Address 8733 FOREST HILLS BLVD CORAL SPRINGS FL 33065 US
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2. Principal Place of Business 21 <u>8789 Forest Hills Blvd</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>8789 Forest Hills Blvd</u> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 05/22/1989
23 <u>CORAL SPRINGS FL</u> City & State Zip Country 24 <u>33065</u> 25 <u>US</u>	28 <u>CORAL SPRINGS FL</u> City & State Zip Country 29 <u>33065</u> 30 <u>US</u>	4. FEI Number 65-0180370 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FERRETTI, ROBERT 8733 FOREST HILLS BLVD CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUCETTE, JOHN	1.2 NAME	
STREET ADDRESS	8759 FOREST HILLS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSSAS, ROBERT	2.2 NAME	
STREET ADDRESS	8777 FOREST HILLS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARMAN, ALAN	3.2 NAME	VD IRVING RIVERA
STREET ADDRESS	8787 FOREST HILLS BLVD	3.3 STREET ADDRESS	8781 FOREST HILLS BLVD
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRETTI, ROBERT	4.2 NAME	SD MARTIN BARRETT
STREET ADDRESS	8733 FOREST HILLS BLVD	4.3 STREET ADDRESS	8779 FOREST HILLS BLVD
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, BARBARA M	5.2 NAME	
STREET ADDRESS	8729 FOREST HILLS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/5/99 DAYTIME PHONE #: (954) 340-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)