

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90319 023 ****70.00

DOCUMENT # N32415

1. Entity Name

CACHE' HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

8789 FOREST HILLS BLVD
CORAL SPRINGS FL 33065
US

Mailing Address

8789 FOREST HILLS BLVD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0180370

Applied For

Not Applicable

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

FERRETTI, ROBERT
8733 FOREST HILLS BLVD
CORAL SPRINGS FL 33065

Name MAXIMUM MAINT and MGT.

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

8789 FOREST HILLS BLVD

City Coral Springs FL

Zip Code 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRETTI, ROBCAT	
STREET ADDRESS	8733 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WIDRY, CHARLES	
STREET ADDRESS	8775 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, IRVING	
STREET ADDRESS	8781 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOUCETTE, JOHN	
STREET ADDRESS	8759 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARMAN, ALAN	
STREET ADDRESS	8787 FOREST HILLS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH Di MACARO	
STREET ADDRESS	8717 FOREST HILLS Blvd.	
CITY-ST-ZIP	Coral Spring FL 33065	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORRERA LUCAS	
STREET ADDRESS	8729 FOREST HILLS BLVD	
CITY-ST-ZIP	Coral Spring FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Warman	
STREET ADDRESS	8787 Forest Hills Blvd	
CITY-ST-ZIP	C.S. FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/28/01

Date

954755-8427

Daytime Phone #

CR2E037 (10/00)