

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
AMENDED UBR

02 APR 16 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32415

1. Entity Name

CACHE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8789 Forest Hills Blvd

Suite, Apt. #, etc.

3. Mailing Address

8789 Forest Hills Bl

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0180370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Doucette

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

8759 Forest Hills Blvd.

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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

John Doucette

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/02

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD John Doucette 8759 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Joel Dechter 8737 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Eric Goodman 8767 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Colin Murphy 8765 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Etta Lee 8763 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS. (non voting member) Barbara M. Lucas 8729 Forest Hills Blvd. Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Doucette Pres.

Date

4/3/02

Daytime Phone #

CR2E037B (12/01)