

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2005 90056 015 ****61.25

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 7932 Wiles Road Suite, Apt. #, etc.		3. Mailing Address 7932 Wiles Road Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL Zip 33067 Country		City & State CORAL SPRINGS FL Zip 33067 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 DOUCETTE, JOHN 8759 FOREST HILLS BLVD CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name BACER LAW FIRM Street Address (P.O. Box Number is Not Acceptable) 136 E. BOCA RATON ROAD City BOCA RATON FL Zip Code 33432	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)		DATE: 4-18-2005	
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 PD NAME ANDERSON, WILLIAM STREET ADDRESS 8735 FOREST HILLS BLVD. CITY-ST-ZIP CORAL SPRINGS, FL 33065	☐ Delete	TITLE DIRECTOR-SECRETARY NAME WHITMAN, JASON STREET ADDRESS 8787 FOREST HILLS BLVD CITY-ST-ZIP CORAL SPRINGS FL 33065	☐ Change ☒ Addition
TITLE VD NAME DECHTER, JOEL STREET ADDRESS 8737 FOREST HILLS BLVD CITY-ST-ZIP CORAL SPRINGS, FL 33065	☒ Delete	TITLE DIRECTOR TREASURER NAME LUCAS, BARBARA STREET ADDRESS 8729 FOREST HILLS BLVD. CITY-ST-ZIP CORAL SPRINGS FL 33065	☐ Change ☒ Addition
TITLE SD NAME GOODMAN, ERIC STREET ADDRESS 8767 FOREST HILLS BLVD CITY-ST-ZIP CORAL SPRINGS, FL 33065	☒ Delete	TITLE DIRECTOR NAME SIROTA, BRIAN STREET ADDRESS 8705 FOREST HILLS BLVD CITY-ST-ZIP CORAL SPRINGS FL 33065	☐ Change ☒ Addition
TITLE VD NAME WAYUEL, SALLY STREET ADDRESS 8751 FOREST HILLS BLVD. CITY-ST-ZIP CORAL SPRINGS, FL 33065	☒ Delete	TITLE DIRECTOR VICE-PRESIDENT NAME FRAZIER, MICHAEL STREET ADDRESS 8757 FOREST HILLS BLVD. CITY-ST-ZIP CORAL SPRINGS FL 33065	☒ Change ☐ Addition
TITLE T NAME FRAZIER, MICHAEL STREET ADDRESS 8757 FOREST HILLS BLVD. CITY-ST-ZIP CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ 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 817, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2/28/05 DAYTIME PHONE: 954 314-5353	