## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2007 8:00 am

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DOCUMENT # N32415  1. Entity Name CACHE' HOMEOWNERS' ASSOCIATION, INC.					Secretary of State 02-01-2007 90017 040 ****61.25					
7932 WILES	e of Business ROAD EACH, FL 33067 US	Mailing Address 7932 WILES ROAD POMPANO BEACH, FL 33	1067 US				1 <b>8</b> 111 <b>838</b> 11 81814 1	\$1 <b>8</b> (4 <b>818</b> )) <b>8</b> (8)) 8(8)	III <b>ri de iddi</b>	
Principal Place of Business - No P.O. Box #     3. Ma		3. Mailing Address	Mailing Address							
		Suite, Apt. #, etc.			01172007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State	Zity & State		4. FEI Numbe 65-0180			<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desire	d 🔲	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	i		7. Name and	Address of Nev	w Registered	l Agent		
BACER LAW FIRM			Name	7. Name and Address of New Registered Agent Name						
	CA RATON ROAD TON, FL 33432		Street A	ddress (F	O. Box Numbe	r is Not Accepta	able)			
			City					Zip Cod	e	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office o	r registere	ed agent, or both	n, in the State of	Filiforida. I an	_ ,	and accept	
the obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: FI	egistered Agent signat	ure required	when reinstating)		DATE			
SIGNATURE	Filing Fee is \$61.25	9. Election Camp	aign Financing		\$5.00 May Be	3	Make che	ck payable t		
SIGNATURE	·	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees	F	Make che lorida Depa	artment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Camp Trust Fund Cor	aign Financing htribution.		\$5.00 May Be	F	Make che lorida Depa	PIRECTORS IN	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

MICHAEL FRAZIER

1-22-07

954-227-9700